



CITY AND COUNTY OF NORWICH

ANNUAL REPORT

UPON THE
HEALTHINESS OF THE CITIZENS
AND ON
THE SANITARY CONDITION

BY
The Medical Officer of Health

AND THE
Report of the School Medical Officer
TO THE
EDUCATION AUTHORITY

FOR THE YEAR

1936

NORWICH:
Roberts Printers (Norwich) Limited, Ten Bell Lane



CITY AND COUNTY OF NORWICH

ANNUAL REPORT

UPON THE

HEALTHINESS OF THE CITIZENS

AND ON

THE SANITARY CONDITION

BY

The Medical Officer of Health

AND THE

Report of the School Medical Officer

TO THE

EDUCATION AUTHORITY

FOR THE YEAR

1936

NORWICH :

Roberts Printers (Norwich) Limited, Ten Bell Lane

CONTENTS

	<i>Page</i>
Staff, Statistics, etc.	9—14
General	16—71
Maternity and Child Welfare	74—89
Infectious Diseases and Isolation Hospital ...	92—108
Tuberculosis	110—124
Welfare of the Blind	130—134
School Medical Service	137—195
<hr style="width: 50%; margin-left: 0;"/>	
Ambulance Facilities	20, 21
Ante-Natal Clinics ...	76
Bakehouses	65
Blind Persons	130—134, 165, 166, 172
Cancer	14, 125—127
Caravans	36
Child Guidance Clinic	172
Closet Accommodation	29, 32
Common Lodging Houses ...	35
Contraceptive Clinic	88
Co-operation of Parents, etc.	164, 165
Deaf and Dumb	165, 166
Dental Treatment ...	79, 80, 148—151
Discharging Ears ...	80, 146—148
Disposal of the Dead	37
Drains	36
Drainage and Sewerage ...	28, 29
Eaton Grange Certified Institution... ..	27
Epileptics	166, 172
Eradication of Bed Bugs ...	48
Factories and Workshops ...	37, 38
Food and Drugs ...	66—71
Health Education ...	49, 174
Health Visitors ...	82
Housing ...	50—54
Houses-let-in-Lodgings ...	35
Ice Cream Manufacturers ...	68
Infant Life Protection ...	82, 83
Infantile Mortality ...	77, 78, 89
Infant Welfare Centres ...	77, 78, 81
Infectious Diseases ...	92—100, 156—159
Institutional Provision for the Care of Mental Defectives ...	27
Institutional Provision for Mothers or Children ...	82
Isolation Hospital ...	25, 102—108

							<i>Page.</i>
Jenny Lind Hospital	...	...	...	...	...	...	24
Laboratory Facilities	...	...	...	...	...	...	20
Legislation in Force	...	...	...	...	...	...	16
Local Government Act, 1929	...	...	...	...	...	...	26
Malnutrition	...	...	...	...	...	...	175
Margarine	...	...	...	...	...	...	65
Markets	...	...	...	...	...	...	65
Maternal Mortality	...	...	...	...	...	...	86, 87
Maternity Home	...	...	...	...	...	...	25, 74, 75
Meat and Other Foods	...	...	...	...	...	...	59—64
Medical Inspection	...	...	...	...	...	140, 141, 172—174	
Meetings of Owners	...	...	...	...	...	...	36
Mental Hospital	...	...	...	...	...	...	25
Mentally Defectives	...	...	...	...	...	...	25, 166—168
Merchandise Marks Act, 1926	...	...	...	...	...	...	65
Midwives	...	...	...	...	...	...	74
Milk—Distribution of	...	...	...	...	...	...	78, 79
Do. Examination of	...	...	...	...	...	...	56—59
Do. Supply	...	...	...	...	...	...	55
Music Halls	...	...	...	...	...	...	36
Norfolk & Norwich Hospital	...	...	...	...	...	...	24
Nuisances	...	...	...	...	...	...	34, 35
Nursery School	...	...	...	...	...	...	172
Nursing in the Home	...	...	...	...	...	...	21
Nursing Homes	...	...	...	...	...	...	88
Offensive Trades	...	...	...	...	...	...	35
Open Air Education	...	...	...	...	...	...	160
Open Air School	...	...	...	...	...	...	168—171
Ophthalmia Neonatorum	...	...	...	...	...	...	88
Orthopædic Treatment	...	...	...	...	...	...	87, 88, 152—154, 171
Physical Training	...	...	...	...	...	...	160—164
Piggeries	...	...	...	...	...	...	37
Poor Law Medical Out-Relief	...	...	...	...	...	...	26, 27
Post Natal Clinics	...	...	...	...	...	...	76
Preserved Meat Manufacturers	...	...	...	...	...	...	68
Provision of Meals	...	...	...	...	...	...	164
Public Assistance Institution	...	...	...	...	...	...	24, 25, 75, 76
Public Cleansing	...	...	...	...	...	...	32—34
Rag Flock Acts, 1911 and 1928	...	...	...	...	...	...	37
Rats and Mice (Destruction) Act, 1919	...	...	...	...	...	...	36
Ringworm	...	...	...	...	...	...	80, 144, 145
Rivers and Streams	...	...	...	...	...	...	29
Sanatoria	...	...	...	...	...	...	26, 115—117
School Clinics	...	...	...	...	...	...	21, 142—155
School Hygiene	...	...	...	...	...	...	48, 139, 140
Sheds	...	...	...	...	...	...	36

								<i>Page.</i>
Shops Acts	...	...	...	...	...	...	...	39—47
Slaughter Houses	...	...	...	...	...	...	...	64
Slaughter of Animals Act, 1933	...	...	...	...	...	...	...	65
Smallpox Hospital	...	...	...	...	...	...	...	25
Smoke Abatement	...	...	...	...	...	...	...	47
Social Conditions	...	...	...	...	...	...	...	17—20
Special Noteworthy Sickness	...	...	...	...	...	...	...	20
Staff	...	...	...	...	...	...	...	9, 10, 139
Statistics	...	...	...	...	...	...	11—14,	176—195
Still-births	...	...	...	...	...	...	...	83—86
Surgical Appliances	...	...	...	...	...	...	...	80
Swimming Baths	...	...	...	...	...	...	...	47, 48
 Tents	...	...	...	...	...	...	...	36
Theatres	...	...	...	...	...	...	...	36
Tuberculosis—Dispensary	...	...	...	...	...	...	... 22, 113, 114	
Do. —Sanatoria	...	...	...	...	...	...	... 26, 115—117	
 Uncleanliness	...	...	...	...	...	...	...	154, 155
Underground Sleeping Rooms	...	...	...	...	...	...	...	36
 Vaccination	...	...	...	...	...	...	...	101
Venereal Diseases	...	...	...	...	...	...	...	21—23
Vision—Defective	...	...	...	...	...	...	...	80
 Water Supply	...	...	...	...	...	...	...	28, 30, 31
Welfare of the Blind	...	...	...	...	...	...	...	130—134

PUBLIC HEALTH SERVICES

Health Committee.

Lord Mayor :

ALDERMAN HERBERT FRAZER, J.P.

Chairman :

COUNCILLOR J. FLACK, M.B.

Vice-Chairman :

COUNCILLOR R. P. BRAUND.

Members :

<i>Ald.</i> MISS M. M. CLARKSON, C.B.E., J.P.	<i>Coun.</i> H. J. JARROLD
<i>Coun.</i> J. BROOKSBANK	„ MISS D. JEWSON
„ W. H. FFISKE, O.B.E. (until 9th March, 1937)	„ H. W. PALMER
„ MRS. M. HIGH	„ REV. H. PITTS
„ L. A. HOWES	„ A. E. PUMMELL
	„ H. C. SOUTHGATE
	„ MRS. A. M. WITARD

The undermentioned are co-opted members for Blind Persons Welfare Business :

MR. R. C. FANTHORPE ... *Superintendent and Secretary of the
Norwich Institution for the Blind.*

MR. J. BRIGHTY
MR. G. W. H. WRIGHT } *Representatives of Blind Persons.*

Maternity & Child Welfare Committee.

Chairman :

COUNCILLOR H. W. PALMER.

Vice-Chairman :

COUNCILLOR R. P. BRAUND.

Members :

As Health Committee, with the addition of three co-opted members, viz., Mrs. F. E. M. Deacon, Dr. Violet M. Jewson, and Mrs. A. E. Kent.

PUBLIC HEALTH DEPARTMENT,
CHURCHMAN HOUSE,
68, ST. GILES' STREET,
NORWICH.

20th May, 1937.

MY LORD MAYOR, LADIES AND GENTLEMEN,

I beg to submit, as your Medical Officer of Health, the Annual Report for the year 1936. The order of the Report has been somewhat altered from the order suggested by the Ministry of Health.

The City's Birth Rate has continued to drop, and for 1936 was 13.23. On the other hand the Death Rate rose from 11.38 to 12, while the adjusted Death Rate has risen to 11.04. In considering these figures, one must bear in mind that the Registrar-General has estimated the Norwich population at 123,700, as compared with the 1932 estimated population of 126,600, so that there is a drop of 2900 in four years. This figure affects all our vital statistical rates.

1936 was not an unsatisfactory year. The Infantile Mortality Rate rose again slightly, in common with the rest of the country, but the rate of 51.95 compares favourably with the rate for England and Wales of 59, or of 63 for the Great Towns. A feature of the Infantile Deaths was the most unusual number of tuberculous meningitis cases. The number of still-births has also risen slightly, the first rise since 1931. The Maternal Mortality Rate also rose, but in this connection it is very pleasing to see in the Ministry of Health's Report on "Maternal Mortality", recently published, how very well Norwich compares with the rest of the country over the decennium 1924—1933. When figures get so low, a small variation in the actual number of deaths causes a comparatively big variation in the Rate. The fact that Norwich has done very well indeed in this matter in the past will doubtless encourage the Maternity and Child Welfare Committee to continue making every effort to keep Norwich in its highly satisfactory relative position. Owing to the numbers attending St. Barnabas' Infant Welfare Centre, it was decided during the year to have a second session per week at those premises.

With regard to Tuberculosis, the number of deaths from the pulmonary disease has established a new low record of 75, and this is undoubtedly associated with the small number of cases notified in 1935, but the number of non-pulmonary deaths rose materially, as shown on the chart. With regard to notifications, there was an increase in pulmonary notifications, but a decrease

in the non-pulmonary notifications. On the whole, again the year can be considered satisfactory.

With regard to the other infectious diseases, diphtheria and scarlet fever remained comparatively low and the other infectious diseases were within normal ranges, with the exception of measles and whooping cough, both of which were active during the year, and these diseases helped to raise our Infantile Mortality Rate.

The Isolation Hospital was maintained in its high state of efficiency, but considerable difficulty in obtaining the necessary nursing staff was experienced.

The Maternity Home was active as usual, and considerable preparatory work in connection with the forthcoming Midwives Act was done in the latter part of the year.

A good deal of attention was given during the year to the requirements of the Shops Acts, the problem of light and ventilation receiving special consideration.

The housing activities continued unabated and Norwich was one of the very earliest authorities in making preparation for a Re-Development Area.

The Sanitary Inspectors' Department has continued its activities and was specially concerned during the year with the sanitary and other requirements of the Shops Act.

During the year, 333 medical examinations of employees or candidates for posts were carried out and reports made to the various Committees, particularly to the Staff and Wages Committee.

The number of blind persons on the register has remained approximately stationary.

The Council again owe thanks to those voluntary workers who have continued to assist us at the Infant Welfare Centres and the Socials for the Blind, and I am glad to pay my personal thanks to the members of the various Committees concerned and of the Public Health Staff as a whole who have supported me in every possible way.

I have the honour to be,

My Lord Mayor, Ladies and Gentlemen,

Your obedient Servant,

V. F. SOOTHILL,

*Medical Officer of Health
and School Medical Officer.*

(1) STAFF OF THE PUBLIC HEALTH AND SCHOOL MEDICAL SERVICES, 1936.

PERMANENT WHOLE-TIME OFFICERS.

V. F. SOOTHILL, M.A., M.D., B.Ch. (Cantab.), D.P.H., M.R.C.S. (Eng.), L.R.C.P. (Lond.).

Medical Officer of Health and School Medical Officer;

Medical Superintendent, Isolation Hospital;

Adm. Tuberculosis Officer, and Adm. Maternity and Child Welfare Officer.

G. L. LECCAT, O.B.E., M.B., Ch.B. (Ed.), D.P.H.

Deputy Medical Officer of Health.

G. W. RIDDEL, M.C., M.B., Ch.B. (Aber.), D.P.H.

Assistant School Medical Officer and

Assistant Medical Officer of Health.

MISS M. BOW, M.B., Ch.B., (Ed.), D.P.H., M.M.S.A.

Assistant Medical Officer of Health and

Assistant School Medical Officer.

R. B. BOSTON, M.B., Ch.B., F.R.C.S. (Ed.), D.P.H.

Clinical Tuberculosis Officer, Assistant Medical Officer of Health and

Assistant School Medical Officer.

MISS R. O. MORRIS, M.D., Ch.B. (Ed.), D.P.H.

Assistant Medical Officer of Health and

Assistant School Medical Officer and (until May 1st)

Resident Medical Officer, Isolation Hospital.

J. V. WALKER, M.B., Ch.B. (Birm.), D.P.H., M.R.C.P. (Lond.), M.R.C.S. (Eng.).

Assistant Medical Officer of Health;

Assistant School Medical Officer and (from May 2nd)

Resident Medical Officer, Isolation Hospital.

PART-TIME OFFICERS.

G. MAXTED, M.D. (Lond.), F.R.C.S. (Eng.).

Ophthalmic Surgeon, three sessions each week.

N. S. CARRUTHERS, F.R.C.S. (Ed.) R. A. HIGHMOOR, F.R.C.S. (Ed.).

Consultant Ear, Nose and Throat Specialists, Isolation Hospital, and to the Education and Maternity and Child Welfare Committees.

H. A. BRITAIN, M.A. (Dub.), M.B., M.Ch., B.A.O., F.R.C.S.

Orthopaedic Surgeon.

Consultants to the Maternity and Child Welfare Committee.

M. W. B. BULMAN, M.D., M.S., F.R.C.S. (Eng.).

A. CROOK, M.R.C.S., L.R.C.P. (Lond.).

E. B. HINDE, M.B., B.Ch., F.R.C.S. (Ed.), L.R.C.P. (Lond.).

C. NOON, O.B.E., F.R.C.S., L.R.C.P. (Lond.).

Maternity Home.

A. CROOK, M.R.C.S., L.R.C.P. (Lond.)

Consultant Obstetrician.

C. NOON, O.B.E., F.R.C.S., L.R.C.P. (Lond.).

Consultant Surgeon.

Public Vaccinator.

J. BANNERMAN, L.R.C.P., L.R.C.S. (Ed.), L.R.F.P.S. (Glas.).

Venereal Diseases Clinics (At Norfolk and Norwich Hospital).

S. H. LONG, M.D. (Cantab.).

T. J. WRIGHT, F.R.C.S. (Ed.), M.R.C.S. (Eng.), L.R.C.P. (Lond.).

G. P. C. CLARIDGE, M.B., B.S. (Lond.), (Pathologist).

Veterinary Inspector.

(Under Diseases of Animals Acts and Orders, Milk and Dairies Act, 1915, and Milk and Dairies Order, 1926.)

H. V. LOW, M.R.C.V.S. (Part-time).

District Medical Officers under the Poor Law Acts.*

		DISTRICTS.	
		Jan. 1st to Mar. 31st.	Apr. 1st to Dec. 31st.
C. G. JOBBINS, B.A. (Cantab.), M.R.C.S. (Eng.), L.R.C.P.	No. 1	No. 1	No. 3
D. S. NAPIER, M.B., Ch.B. (Ed.)	„ 2	„ 2	„ 5
L. H. B. MILLS, M.B., Ch.B. (Ed.)	„ 3	„ 3	„ 7
R. K. BRYCE, M.R.C.S. (Eng.), L.R.C.P. (Lond.) ...	„ 4	„ 4	„ 6
V. M. JEWSON, M.A. (Cantab.), M.B., Ch.B. (Man.) ...	„ 5	„ 5	„ 4
A. O'DONOVAN, M.B., B.Ch., B.A.O. (N.U.I.), L.M. ...	„ 6	„ 6	„ 2
J. S. WHITESIDE, L.R.C.P., L.R.C.S. (Ed.), L.R.F.P.S. (Glas.)	„ 7	„ 7	„ 8
A. W. TAYLOR, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)	„ 8	„ 8	„ 1

Public Analyst.

W. LINCOLNE SUTTON, F.I.C. (Part-time).

SCHOOL DENTAL OFFICERS (Whole-time).

Senior:

C. R. KNOWLES, L.D.S. (Leeds).

J. E. D. POLLARD, L.D.S. (Eng.).

D. W. HURLEY, L.D.S., R.F.P.S. (Glas.) (Until 31st August.)

MISS K. L. GARDNER, L.D.S., R.F.P.S. (Glas.). (From 1st September.)

MATRONS.

Isolation Hospital :

MISS F. MORRISON.

Maternity Home :

MISS F. G. O. MOORCROFT.

HEALTH VISITING STAFF.

1 Inspector of Midwives.

12 Health Visitors and School Nurses.

2 Nurses engaged in the Dental and Minor Ailments Clinics.

1 Tuberculosis Visitor and School Nurse.

1 Orthopædic Masseuse.

2 Home Teachers and Visitors of the Blind.

2 Infant Life Protection Visitors who also act as Assistant Lady
Relieving Officers, etc.

1 Attendant for cleansing children's heads.

All the Health Visitors hold the Certificate of the C.M.B.; 14 of
them a Certificate in General Nursing Training, and 1 of them the
Maternity and Child Welfare Certificate of the Royal Sanitary Institute.

There are also 3 clerk attendants in the dental clinic, 1 part-time.

SENIOR SANITARY INSPECTOR.

G. D. KIRBY, M.R.S.I., M.Inst.P.C., M.S.I.A.

DEPUTY SENIOR SANITARY INSPECTOR.

A. E. HOLLOX, M.S.I.A., A.R.San.I.

SANITARY STAFF.

11 Inspectors (1 temporary). All holding the Certificate of the Royal
Sanitary Institute for Sanitary Inspectors and the Certificate of the
Royal Sanitary Institute for Inspectors of Meat and Other Foods.

1 Unqualified temporary Assistant.

2 Cleansing Inspectors and 1 Disinfection and Drainage Officer.

CLERICAL STAFF.

20 Clerks.

*Officers in the service of the Public Assistance Committee.

ANNUAL REPORT, 1936

STATISTICS.

Area (in acres) ...	...	...	...	7,898
Population (Census, 1931) ...	...	...	...	126,236
„ Estimated middle of 1936 ...	...	...	...	123,700
Number of inhabited houses (end of 1936) according to Rate Books ...	...	...	...	36,944
Rateable Value (1st October, 1936) ...	...	...	...	£740,527
Sum represented by a penny rate ...	...	...	...	£2,870

VITAL STATISTICS.

		Total.	M.	F.	
Live Births	Legitimate ...	1544	769	775	Birth Rate 13.23 per 1000 of the estimated resi- dent population
	Illegitimate ...	92	48	44	
	Total ...	1636	817	819	

The rates for the previous years were:—

1928	1929	1930	1931	1932	1933	1934	1935
16.16	15.85	15.72	15.44	14.73	13.98	14.22	13.80

The Birth Rate for 1936 for England and Wales was 14.8, and for the 122 Great Towns was 14.9 per 1000 population.

		Total.	M.	F.	
Still-Births	Legitimate ...	53	24	29	Rate per 1000 total (live and still-) births— 34.24
	Illegitimate ...	5	4	1	
	Total ...	58	28	30	

Deaths	1485	719	766	Death Rate 12.00 per 1000 of the estima- ted resident population
---------------	-----	-----	-----	------	-----	-----	---

Areal Comparability Factor	...	...	...	.92
Adjusted Death Rate	...	...	...	11.04

The Crude Death Rates for the previous years were:—

1927	1928	1929	1930	1931	1932	1933	1934	1935
12.16	10.81	13.95	10.95	12.09	12.08	12.78	11.53	11.38

The Death Rate for 1936 for England and Wales was 12.1 and for the 122 Great Towns was 12.3 per 1000 population.

Maternal Mortality			From Sepsis ... 3		
			,, Other causes 5		
			Puerperal	Other	
			Sepsis.	Causes.	Total.
Maternal Mortality Rate	{	per 1000 live births ...	1.83	3.06	4.89
		per 1000 Total (live and still-) births ...	1.77	2.95	4.72
The Maternal Mortality Rate for England and Wales was	{	per 1000 live births ...	1.40	2.41	3.81
		per 1000 Total (live and still-) births ...	1.34	2.31	3.65

The Maternal Mortality Rates for the previous years were:—

		PUERPERAL SEPSIS.			OTHER CAUSES.			TOTALS.	
		Rate per 1000			Rate per 1000				
	No. of Maternal Deaths.	Live births.	Total (Live and stillbirths).	No. of Maternal Deaths.	Live births.	Total (Live and stillbirths).	Per 1000 Live births.	Per 1000 Live and stillbirths.	
1931	3	1.53	1.45	2	1.02	0.97	2.55	2.42	
1932	3	1.60	1.55	1	0.54	0.52	2.14	2.07	
1933	2	1.13	1.10	4	2.27	2.19	3.40	3.29	
1934	4	2.24	2.17	7	3.91	3.79	6.15	5.96	
1935	1	0.58	0.56	3	1.74	1.69	2.32	2.25	

Infant Mortality Rate:—

All Infants per 1000 live births	51.95
Legitimate Infants per 1000 legitimate live births	45.98
Illegitimate Infants per 1000 illegitimate live births	152.17

The Infant Mortality Rates for the previous years were:—

1927	1928	1929	1930	1931	1932	1933	1934	1935
62.7	40.5	74.9	44.6	54.64	56.30	62.96	45.86	48.23
Infantile Mortality Rate for England and Wales for 1936 was 59.0								
„	„	„	„	122 Great Towns	„	„	„	63.0
„	„	„	„	London	„	„	„	66.0

The illegitimate Infantile Mortality Rate was 152.17 per 1000 illegitimate live births.

The corresponding figures for previous years were:—

1928	1929	1930	1931	1932	1933	1934	1935
30.3	70.7	75.47	72.16	114.58	73.17	95.89	65.93

The following table shows the numbers of Legitimate and Illegitimate Live Births registered during the last eleven years :—

	Legitimate.	Illegitimate.	Total.	% of Illegitimate Births.
1926	2054	91	2145	4.24
1927	2019	116	2135	5.43
1928	1925	99	2024	4.89
1929	1890	99	1989	4.98
1930	1867	106	1973	5.37
1931	1861	97	1958	4.95
1932	1769	96	1865	5.15
1933	1681	82	1763	4.65
1934	1715	73	1788	4.08
1935	1630	91	1721	5.29
1936	1544	92	1636	5.62

The Infantile Mortality is worthy of analysis, and Table I is of interest. Comments are made on pages 77-78.

Deaths from Measles (all ages)	...	...	13
„ „ Whooping Cough (all ages)	...	...	11
„ „ Diarrhoea (under 2 years of age)	...	...	1

The numbers of deaths from Diarrhoeal Diseases up to 2 years of age during the previous years were :—

1928	1929	1930	1931	1932	1933	1934	1935
3	10	5	5	4	9	2	5

Mortality Rate—1 to 5 years.

The Death rates per 1000 of the estimated population for children between the ages of 1 and 5 years were :—

1928	1929	1930	1931	1932	1933	1934	1935	1936
0.21	0.4	0.36	0.28	0.39	0.28	0.36	0.23	0.31

Tuberculosis. There were 75 deaths from Pulmonary Tuberculosis (Death Rate 0.6 per 1000 population) and 23 from other Tuberculous Diseases (Death Rate 0.18 per 1000 population).

The Death Rates for this Disease for the previous years were :—

	(Pulmonary)	(Other Forms)
1926	0.73	0.18
1927	0.87	0.21
1928	0.65	0.10
1929	0.80	0.14
1930	0.62	0.09
1931	0.61	0.08
1932	0.79	0.09
1933	0.73	0.11
1934	0.77	0.16
1935	0.62	0.07

CANCER.

Malignant growths accounted for 215 deaths, with a Death Rate of 1.74 per 1000 population. The numbers of deaths in 1934 and 1935 were 212 and 214 respectively. The table on pages 126-127 shows the ages at which death took place, and the sites of the disease.

INFANTILE MORTALITY OF EACH WARD IN NORWICH.

Ward.	Births		Deaths		Infantile Mortality Rate						
	registered,		under		per 1000 live births.						
	1936.		1936.		1936.	1935.	1934.		1933.		
Earlham ...	108	...	6	...	55.5	...	20.2	...	37.0	...	70.8
Heigham ...	97	...	4	...	41.2	...	37.4	...	34.1	...	30.3
Hellesdon	123	...	13	...	105.7	...	47.6	...	61.1	...	100.0
Catton ...	147	...	8	...	54.4	...	80.3	...	52.6	...	45.5
Mousehold	101	...	6	...	59.4	...	32.6	...	38.8	...	80.8
Westwick...	115	...	1	...	8.7	...	87.0	...	50.0	...	39.4
Coslany ...	95	...	6	...	63.2	...	42.0	...	66.6	...	84.0
Fye Bridge	67	...	1	...	14.9	...	35.7	...	75.6	...	93.7
Thorpe ...	145	...	10	...	69.0	...	29.6	...	57.7	...	32.5
Eaton ...	65	...	2	...	30.8	...	71.4	...	60.0	...	58.8
Town Close	74	...	3	...	40.5	...	25.6	...	16.4	...	35.7
Lakenham	108	...	3	...	27.8	...	41.3	...	21.3	...	63.0
Nelson ...	62	...	2	...	32.3	...	20.0	...	44.1	...	29.9
St. Stephen	106	...	5	...	47.2	...	0.0	...	60.0	...	70.2
Conesford	63	...	5	...	79.4	...	160.0	...	52.1	...	88.2
Ber Street	114	...	10	...	87.7	...	61.4	...	13.0	...	51.5

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	4 Weeks.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
Common Infectious Diseases	Small-pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Chicken-pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Measles ...	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	2
	Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Diphtheria : Croup ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Whooping Cough ...	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	1	4
	Dysentery ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wasting Diseases	Gastro-Enteritis ...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
	Premature Birth ...	17	4	2	—	23	2	1	—	—	—	—	—	—	—	—	—	26
	Congenital Defects ...	15	1	—	1	17	1	—	—	—	—	—	—	1	—	—	—	19
	Injury at Birth ...	5	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	5
	Want of Breast-Milk ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculous Diseases	Atrophy, Debility, Marasmus	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
	Improper Feeding ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Tuberculous Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3
	Tuberculous Peritonitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Tabes Mesenterica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	2
	Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Syphilis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Rickets ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Meningitis (not Tuberculous)	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
	Convulsions ...	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
	Laryngitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Bronchitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
	Pneumonia ...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
	Broncho-Pneumonia ...	—	—	—	1	1	—	—	1	1	5	2	—	—	—	—	—	10
	Suffocation, Overlying	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Causes ...	—	—	—	1	1	—	—	2	—	1	—	2	—	—	1	1	8
		38	5	2	3	48	4	1	3	2	8	3	4	3	1	3	5	85

Causes of Death at different periods of life in the County Borough of Norwich during the Year 1936.

The following information has been supplied by the Registrar-General.

CAUSES OF DEATH.		All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES ...	...	1485	85	20	18	28	39	57	67	119	218	350	484
1 Typhoid and Paratyphoid Fevers	...	—	—	—	—	—	—	—	—	—	—	—	—
2 Measles	...	13	2	5	4	2	—	—	—	—	—	—	—
3 Scarlet Fever	...	—	—	—	—	—	—	—	—	—	—	—	—
4 Whooping Cough	...	11	4	4	1	2	—	—	—	—	—	—	—
5 Diphtheria	...	8	—	—	1	7	—	—	—	—	—	—	—
6 Influenza	...	15	—	—	—	2	1	1	1	2	2	2	4
7 Encephalitis Lethargica	...	—	—	—	—	—	—	—	—	—	—	—	—
8 Cerebro-Spinal Fever	...	—	—	—	—	—	—	—	—	—	—	—	—
9 Tuberculosis of Respiratory System	...	75	2	—	—	—	10	25	14	11	9	4	—
10 Other Tuberculous Diseases...	...	23	3	3	3	2	4	2	4	1	—	—	1
11 Syphilis	...	6	—	—	—	—	—	—	1	2	1	2	—
12 General Paralysis of the Insane, Tabes Dorsalis	...	4	—	—	—	—	—	—	—	1	3	—	—
13 Cancer, Malignant Disease	...	215	—	1	—	—	2	6	13	29	54	68	42
14 Diabetes	...	18	—	—	—	—	—	—	2	2	4	7	3
15 Cerebral Hæmorrhage, etc.	...	118	—	—	—	—	—	1	1	8	20	33	55
16 Heart Disease	...	338	—	—	—	1	2	2	5	19	42	109	158
17 Aneurysm	...	2	—	—	—	—	—	—	—	—	1	1	—
18 Other Circulatory Diseases	...	69	—	—	—	—	—	—	—	1	11	19	38
19 Bronchitis	...	78	1	1	—	—	—	—	3	3	8	16	46
20 Pneumonia (all forms)	...	59	11	4	3	1	3	—	—	2	8	14	13
21 Other Respiratory Diseases...	...	8	—	—	1	—	—	1	—	—	3	—	3
22 Peptic Ulcer	...	17	—	—	—	—	—	—	1	4	6	2	4
23 Diarrhoea, etc.	...	4	1	—	—	—	—	—	—	—	—	2	1
24 Appendicitis	...	8	—	—	—	—	—	—	2	2	3	1	—
25 Cirrhosis of Liver	...	2	—	—	—	—	—	—	—	1	—	—	1
26 Other Diseases of Liver, etc.	...	8	—	—	—	—	—	—	—	2	1	2	3
27 Other Digestive Diseases	...	16	1	—	—	—	1	1	2	2	2	5	2
28 Acute and Chronic Nephritis	...	39	—	—	1	1	2	—	3	2	12	9	9
29 Puerperal Sepsis	...	3	—	—	—	—	—	2	1	—	—	—	—
30 Other Puerperal Causes	...	5	—	—	—	—	2	1	2	—	—	—	—
31 Congenital Debility, Premature Birth, Malformations, etc.	...	51	51	—	—	—	—	—	—	—	—	—	—
32 Senility	...	75	—	—	—	—	—	—	—	—	—	19	56
33 Suicide	...	19	—	—	—	—	3	—	1	6	7	1	1
34 Other Violence	...	52	2	1	2	5	3	6	4	5	2	7	15
35 Other Defined Diseases	...	126	7	1	2	5	6	9	7	14	19	27	29
36 Causes Ill-defined, or Unknown	...	—	—	—	—	—	—	—	—	—	—	—	—

GENERAL

LEGISLATION IN FORCE.

Adoptive and Local Acts: *Special Local Orders, Bye-Laws, and Regulations in force in the district relating to Public Health.*

Local Acts :—

- 1806—An Act for better paving, lighting, cleansing, watching, and otherwise improving the City of Norwich.
- 1825—An Act amending and enlarging the last-mentioned Act.
- 1867—City of Norwich Act.
- 1879—Norwich Improvement Act.
- 1889—Norwich Corporation Act.
- 1933—Norwich Corporation Act.

General Adoptive Acts :—

- Baths and Wash-houses Acts, 1846 to 1899.
- Public Health Acts Amendment Act, 1890.
- Public Health Acts Amendment Act, 1907—Parts II, V, VI, VIII and IX, and certain sections in Parts III, IV and VII.
- Public Health Act, 1925—Part II (Sections 13-33 inclusive), and Parts III, IV, and V.

Local Orders, Bye-Laws and Regulations :—

- Orders as to Notification of Infectious Diseases :—
 - Glanders, Anthrax and Hydrophobia in Man, 1909.
- Orders under Public Health Acts, declaring certain trades to be offensive trades, 1911 and 1922.

Bye-Laws :—

- Prevention of Nuisances, arising from Snow, Filth, etc., 1859.
- Common Lodging Houses, 1894.
- Tents, Vans, Sheds, and Similar Structures, 1910.
- Slaughter-houses, 1911 and 1927.
- Offensive Trades, 1914 and 1922.
- Nursing Homes, 1928.
- Smoke Abatement, 1929.
- Drainage of Existing Buildings, 1935.
- Houses-let-in-Lodgings, etc., 1935.
- New Streets and Buildings, 1935.
- Prevention of Grease, Fat and Oil from discharging into Sewers, 1935.
- Prevention of Nuisances, 1935.
- Tipping of Dust, Spoil and Refuse, 1935.

Regulations :—

- Underground Sleeping Rooms, 1914.

SOCIAL CONDITIONS, ETC.

The social conditions of the City have not changed much during the year, except for the fact that many new houses and flats have been built and old buildings pulled down. Further, there is a remarkable development of the suburbs outside the City boundary, and it would appear from this and from the population figures given by the Registrar-General that a considerable exodus is occurring. A point of some interest which has not been mentioned in these reports before is the fact that Norwich, for a City of its size and character as a busy manufacturing City, is remarkably free from smoke, due largely to the activities and policy of the Electricity undertaking. It is true that during the winter months standing on Mousehold one can see a fair amount of smoke over the low-lying parts of the City, but even at its worst the atmosphere remains relatively clear of smoke. It is not beyond the bounds of possibility that the low maternal mortality figures of Norwich and the surrounding districts, as quoted in the Ministry of Health's Report, is associated with this.

Further, Norwich is particularly fortunate in its main industries, in that workers in them do not suffer from any serious manufacturing diseases such as silicosis or lead or phosphorus poisoning. However, there are a certain number of diseases causing ill health and inability to work, particularly in the later years, which are common to the whole country and should be preventable. The most common of these are, perhaps, "rheumatic" diseases, fibrositis, sciatica, lumbago, etc., but the various heart and circulatory diseases, such as arterio-sclerosis, high blood pressure, and other things such as chronic bronchitis or kidney disease, are all worthy of attention as they cause a very great deal of ill health and loss of working time. It is a little difficult to say how to deal with this group of diseases, and this would appear to be a suitable opportunity for the enrolment of the National Health Insurance practitioners in the preventative aspect of medicine. There are approximately 16,000,000 persons insured for National Health Insurance medical benefit and approximately 16,000 medical practitioners doing this work, i.e., about 1000 patients per doctor. The provisions of the School Medical Scheme, whereby periodic inspection of the children is carried out by the School Medical Officers, has proved to be of such benefit that the system might well be extended to the periodic inspection of all panel patients by their panel practitioners. As things are at present, i.e., until the scope of the National Health Medical Insurance is extended to cover dependants and those between school-leaving age and 16 years, each practitioner would have about 1000 patients to inspect per year, and this would not be by any means an impossible feat. An annual inspection might be considered excessive, but if a

regular examination occurred at any stated period, such as even every fifth year, this should prove of value from a preventative point of view. Unsuspected cases of pulmonary tuberculosis and early cases of general paralysis or tabes dorsalis and other parasymphilitic diseases or venereal diseases might be discovered and treated. Early stages of high blood pressure, etc., could be discovered and the patients treated. Bad teeth and other minor causes of chronic ill health would receive attention. Failing sight or hearing would be dealt with early. Debility and anæmia could be obviated. This would further have value in giving the general practitioners of the country a greater interest in the preventative aspect of medicine, including the work of the Public Health Department and the School Medical Service. It is obvious that the attendance by the patients must be on a voluntary basis, as it is with the School Medical Service, but the population as a whole could safely be left to set such a high value on this periodical examination that a very high percentage of attendances could, in time, be expected. It is common knowledge that certain Insurance Companies provide this as one of their benefits and pay for it as a paying proposition. The practitioners would be given a much wider opportunity of studying the normal instead of concentrating on the pathological aspect of human affairs, and they might further be expected to welcome the opportunity of regular examinations of their patients as it should tend to decrease the work produced by actual ill health. If an increase in the capitation fee were finally considered to be necessary, the money would in any case be well spent, from a National Health point of view, as it should result in considerable diminution of time lost through sickness. The history of the person as known to the Maternity and Child Welfare and the Education Authorities could then be forwarded to the appropriate panel practitioner chosen by the patient. In fact, some such arrangement is highly desirable, and would provide the opportunity of much co-operation between the general practitioners, who are largely concerned with adult life, and the public health service, which, through the Maternity and Child Welfare and School Medical systems, plays such a large part in the management of the nation's youth.

In connection with this question of medical examination, there is one aspect which could be further considered with advantage, that is the examination of contacts of known cases of pulmonary tuberculosis. Every effort is made to this end in Norwich—the Clinical Tuberculosis Officer and the Tuberculosis Nurse both endeavouring to get this done. Nevertheless, there is still a certain percentage of failure, and this is doubtless the case throughout the whole country. These failures to get home contacts examined arise through various causes; possibly the fear

of the contact that he or she naturally has of being recognised as suffering from the disease, or possibly through the fear of losing a job. Sometimes it would appear to be through sheer obstinacy and stupidity. There is also the fact that confidential notifications are permitted, which have the result that no corporate action is taken. We are making headway against this disease and the numbers of cases and of deaths have been materially reduced, particularly in proportion to the size of the population. At the recent Empire Conference on Tuberculosis the Minister of Health quoted some remarkable statistics in support of this statement. It would appear that the disease has been reduced to such proportions that it is now practicable to take further determined steps with the ultimate aim of getting rid of the disease. This ideal of abolishing the disease entirely seems a bit Utopian, but it has almost been achieved with enteric fever and smallpox, which must have seemed just as hopeless problems in earlier days. In spite of the view held by some authorities that the present drop in pulmonary tuberculosis may be due to either the downward part of a long wave history or the increased immunity of the population associated with increased urbanisation, it would certainly seem worth while, both from a public health point of view and as a paying proposition financially, to make a more determined effort to abolish the disease. In order to do this, all the hidden sources of infection must be brought to light, and there can be no reasonable doubt that the main source of infection for this disease is the home with its undiscovered distributor of tubercle bacilli. It is true that much is being done through general public health measures such as the improvement of housing and conditions of work, and attention to nutrition of children, to combat this disease, but one cannot get away from the fact that the disease must be regarded from both aspects, namely the resistance of the patient and the fact that it is an infectious disease. The general public health measures just mentioned will do all which the community can do to improve the general resistance of the population, and it is also our duty to search out and bring to light all the sources of infection. Even with our utmost efforts we shall not secure 100 per cent. success, but with compulsory powers more could be done than is being done at present, and the suggestion is that notification of a case of pulmonary tuberculosis should be followed by the compulsory examination of all home contacts, including, if necessary, sputum and X-ray examinations. The Clinical Tuberculosis Officers would welcome the opportunity of examining these contacts free of charge, but in cases where the patient or the family did not desire this examination by a public official it could be carried out by the family doctor, and a certificate of the examination, with its result, sent compulsorily to the Public Health Office. It might be

necessary for the public authority to pay for these private examinations. In any case, if an X-ray is required this should be carried out by a radiologist approved by the Local Authority, and again it might be necessary to pay that fee. It is obvious that sputum examinations might have to be done repeatedly, particularly in a family where there is a member with so-called chronic bronchitis. Where a contact was found to be suffering from pulmonary tuberculosis, notification would naturally follow. It is felt that until some compulsory powers are obtained, complete surveillance of these contacts will not be achieved, but with these powers a certain number of hidden sources of infection for other people will be brought to light and dealt with. There are compulsory powers to deal with known cases of the disease in certain circumstances, but these are practically never put into force, partly because of the difficulties of the situation and partly from humanitarian sentiments. The unknown cases are a greater danger than the known cases, even though the latter produce a certain number of cases of tuberculous meningitis, etc., but there can be no possible reasonable objection to a compulsory medical examination when the possibility of the examination by the family doctor is permitted.

Special Noteworthy Sickness.

There was no noteworthy sickness, but two or three cases of *Brucella Abortus* infection came unofficially to the notice of the Public Health Department. Under these circumstances, it was decided to make this infection notifiable in Norwich for five years, in order to get some inkling of the actual number of cases occurring.

LABORATORY FACILITIES.

The examination of swabs and specimens for Diphtheria and Widal Reactions respectively are carried out at the Isolation Hospital (see page 108) ; the examination of Sputum is also carried out at the Hospital, and at a small laboratory which has been established at the Public Health Offices ; 1003 specimens were examined at the latter by the Clinical Tuberculosis Officer. More complex pathological examinations are made by private pathologists in the City. For chemical and bacteriological examinations of food, see pages 70-71.

AMBULANCE FACILITIES.

(a) **For Infectious Diseases.** A motor ambulance and a motor van with a body which, in emergency, can be used as an ambulance are kept at the Isolation Hospital, available for use within the City. When the Committee purchased the motor

ambulance they decided to retain one horse-drawn ambulance, which is kept at the Smallpox Hospital. The motor ambulance is occasionally used for bringing in Infectious Disease cases from neighbouring districts, for which a charge is made.

(b) and (c) **For Non-Infectious, etc., Cases.** The Police have three motor ambulances available for accident and other cases, and the British Red Cross Society also maintain two motor ambulances, the latter being chiefly available for residents of a large area outside the City. During the year the work in connection with the removal of cases to and from the Public Assistance Institution was, on account of the nature of some of the cases, transferred from the Watch Committee to the Health Committee, the cases now being conveyed by the ambulance kept at the Isolation Hospital.

NURSING IN THE HOME.

(a) **General.** There is the Norwich District Nursing Association, better known as the Cavell Home, from which nursing is provided on the application of Doctors, the Local Authority, District Visitors, and others; there is also the Norfolk and Norwich Hospital Staff of Trained Nurses, and the Norfolk and Norwich Staff of Nurses from which nurses can be obtained; a Nurses' Co-operation Society and the Nursing Sisters of the Poor (Little Sisters of the Assumption). There are, in addition, a few nursing homes in the City, whence nurses are at times sent out.

(b) **For Infectious Diseases.** The above agencies send out nurses if required. The Corporation have an arrangement with the Norwich District Nursing Association for the nursing of cases of Measles and Whooping Cough (under five years), Ophthalmia Neonatorum, Influenza, Puerperal Fever and Puerperal Pyrexia, Tuberculosis, and Acute Primary and Acute Influenzal Pneumonia. A grant of £300 per annum is made to this Association by the local Authority for these services, and the cost is divided between the Committees concerned, according to the number of visits paid.

School Clinics. See pages 142-155.

Venereal Diseases Clinics are held on Monday afternoons, Tuesday mornings and Friday evenings in a special portion of the Norfolk and Norwich Hospital Out-patient Department, where irrigation is carried out daily, as is special treatment by appointment. 1462 specimens were sent to the laboratory at the Norfolk and Norwich Hospital, 998 from the Clinics, 228 from

hospitals and other institutions, and 236 from private practitioners. The following table gives particulars of attendances, etc., of Norwich persons at the Clinics during the year :—

	Syphilis.		Gonorrhœa.		Conditions other than V.D.		Totals.		Totals.
	M.	F.	M.	F.	M.	F.	M.	F.	
	M.	F.	M.	F.	M.	F.	M.	F.	
Under treatment or obs., Jan. 1st ...	28	37	13	6	4	5	45	48	93
Removed from Register previously but returned ...	26	22	14	13	2	—	42	35	77
Dealt with for the first time	37	45	40	25	1	—	78	70	148
Dealt with for the first time, but had treatment elsewhere	1	—	4	—	—	—	5	—	5
Totals ...	92	104	71	44	7	5	170	153	323
Total attendances ...	704	1025	3562	478	3	6	4269	1509	5778

The table on page 23, which has been provided by the Medical Officer of the Clinics and to which I have added the deaths of children under 1 year of age from Congenital Syphilis, and the number of notifications of Ophthalmia Neonatorum received for the same period, shows the work which has been done.

The Medical Superintendent of the Mental Hospital informs me that General Paralytics have been admitted to that Institution during the past six years, as follows :—

Males. Females. Totals.				Males. Females. Totals.			
1931	...	3	...	1	...	4	1934
1932	...	1	...	—	...	1	1935
1933	...	3	...	—	...	3	1936
				Totals			
				...	15	2	17

The Tuberculosis Dispensary is at Churchman House, and is referred to on page 113. Clinics held under the Maternity and Child Welfare Service receive comment on pages 76-81.

VENEREAL DISEASES.

Norwich Persons treated at the Norfolk and Norwich Hospital.

Year	NEW CASES.				Total Attendances.	SYPHILIS.			GONORRHOEA.		Deaths under 1 year of age from Congenital Syphilis.	Notifi- cations of Oph- thalmia Neonato- rum received.
	Syphilis.	Gonorr- hoea.	Not V.D.	Total.		Total Injec- tions of Arseno- benzene com- pounds.	Cured.	Ceased attend- ing.	Cured.	Ceased attend- ing.		
Av. 1918 to 1922 (inclus.)	71	99	26	196	2288	550	3	15	17	19	5	21
1923	36	70	38	144	4806	816	33	55	49	36	2	22
1924	37	77	33	147	6338	549	47	78	63	76	1	24
1925	33	81	23	137	5774	555	49	41	92	42	2	16
1926	29	89	47	165	4882	382	31	34	63	35	2	15
1927	58	99	33	190	4558	596	25	19	63	45	2	16
1928	44	113	23	180	3424	723	34	40	43	51	—	22
1929	63	104	22	189	6326	761	27	32	51	31	2	19
1930	71	117	14	202	7519	963	26	29	56	32	1	19
1931	55	98	12	165	6895	893	19	23	46	21	1	18
1932	58	103	5	166	5886	857	19	22	44	31	2	17
1933	69	116	5	190	6537	1000	21	14	74	35	2	11
1934	116	103	2	221	6143	1137	32	25	107	44	—	13
1935	64	104	3	171	5893	860	34	190	187	228	1	11
1936	83	69	1	153	5778	1037	42	77	64	26	—	12

N.B.—Included under heading “ceased attending” are cases transferred to other doctors or clinics.

HOSPITALS USED BY INHABITANTS OF THE AREA.

(a) **The Norfolk and Norwich Hospital.** This Institution is supported by voluntary contributions, payments by the Local Authority for the treatment of certain conditions and by payments by patients. It has a total of 417 beds, including 22 for eye cases. 7763 patients were treated during the year, an increase of 400 compared with 1935; the daily average number of beds occupied was 374, compared with 355 in 1935. The average length of stay of each patient decreased from 18.5 days to 18.3 days. 21,541 new patients attended the Out-Patient Department, 1233 more than in the previous year.

The Education Authority has an arrangement with this Hospital for the admission of school children for the operative treatment of tonsils and adenoids, and the Council made certain payments for the treatment of Tuberculosis patients. Norwich persons suffering from Venereal Diseases were also treated at this hospital, jointly with those from Norfolk, throughout the year. The Corporation also makes a subscription to the Hospital.

(b) **The Jenny Lind Hospital,** which works in close co-operation with the Norfolk and Norwich Hospital, has 80 beds, and admits boys up to ten years and girls up to twelve years of age, not suffering from an infectious or contagious disease. A limited number of children under the age of two years are admitted at the discretion of the Committee of Management. It is supported by voluntary subscriptions, and payments by patients and the Local Authority. 1652 patients were admitted during the year, the daily average number of beds occupied being 62. 2818 new cases attended the Out-Patient Department. The Education Authority has an arrangement with this hospital for the admission of children for the removal of enlarged tonsils and adenoids. Certain payments were made by the Local Authority for the treatment of surgical tuberculosis. The Council also subscribes to the funds of the hospital.

(c) **The Public Assistance Institution.** This Institution was transferred to the control of the Council on 1st April, 1930, and remains under the control of the Public Assistance Committee. It is provided with one operating theatre, and a diathermy and ultra-violet light apparatus. The Master states that the undermentioned accommodation was provided on 31st December, 1936; the daily average number of inmates in each department is also given:—

	Number of Beds.	Children's Cots.	Total.	Daily average number of Patients.
*Male Sick ...	108	—		
Male Sick Shelters	13	—	121	114
†Female Sick ...	109	44	153	122
Maternity—				
Labour Wards	2	—		
Wards ...	5	5	12	4.5
Nursery ...	—	30	30	7
Female Infirm ...	200	—	200	128
Male Infirm ...	264	—	264	107
Female Mental ...	50	—	50	28
Male Mental ...	22	—	22	14

*The reduction in accommodation as compared with last year is accounted for by the demolition of part of the Male Sick Wards in preparation for the erection of a new wing. This loss of accommodation has been discounted to some extent by increasing the number of beds in certain of the rooms.

†The wing containing the Female Sick Wards was built to accommodate 117 patients, including maternity cases. The accommodation has been increased to 165 beds, by placing beds and children's cots in the wards and on the balconies—causing inevitable overcrowding.

(d) **The Isolation Hospital**, under the control of the Health Committee of the City Council, has 94 beds, allowing 144 square feet per bed, but actually more are accommodated. 24 beds are allocated for cases of advanced pulmonary tuberculosis. The work done by this Institution is referred to on pages 102-106.

(e) **The Mental Hospital** is situated at Hellesdon, outside the City Boundary and in the St. Faith's Rural District, and is under the control of the Mental Treatment Committee of the City Council. The Medical Superintendent kindly gives me the following particulars. The statutory accommodation, including that provided in the new admission hospital, is for 339 males and 415 females. 61 beds are occupied by patients from King's Lynn and 134 from Great Yarmouth. The hospital is provided with a laboratory. Dental treatment is carried out at the hospital by a visiting Dental Surgeon.

(f) **Accommodation for Mental Defectives.** See page 27.

(g) **The City of Norwich Maternity Home** has 15 beds; the particulars of the work done during the year are given on pages 74-75.

(h) **The Smallpox Hospital** is on the Salhouse Road. There are 16 beds, allowing 144 square feet per bed, and an observation block of 4 beds. The hospital is wholly supported by the Council.

(i) **Tuberculosis Sanatoria.** The extent to which tuberculosis sanatoria were used during the year by inhabitants of the City is referred to in that part of the Report which deals with Tuberculosis. See pages 115-117.

LOCAL GOVERNMENT ACT, 1929.

Institutional Medical Services.

The Town Clerk kindly informs me that the alterations to the house block of the Poor Law Institution which were approved by the Council on 17th September, 1935, were completed during the year, and the mental patients and the infirm were transferred to the altered accommodation in December, 1936.

Poor Law Medical Out-Relief.

Chiefly because of the Council's housing activities, wide differences between the services rendered by the various District Medical Officers had been incurred, and the Committee decided to revise the boundaries of the District Medical Officers' districts in an effort to equalise, as far as possible, the work of these officers. The revised arrangements were brought into operation from 1st April.

During the year, the District Medical Officers paid visits to, or received visits from, persons needing relief as under. Information with regard to the allocation of the districts amongst the various Medical Officers is given on page 10.

FROM JANUARY 1st—MARCH 31st.

DISTRICT No. :—

	1.	2.	3.	4.	5.	6.	7.	8.	Totals.
Attendances at surgery or Medical Officer's residence	361	382	3	205	97	127	159	190	1524
Attendances at patients' houses...	95	392	80	114	178	98	139	147	1243
Occasions on which medicine was supplied without seeing the patient...	3	126	204	69	10	25	93	2	532
TOTALS ...	459	900	287	388	285	250	391	339	3299

FROM APRIL 1st—DECEMBER 31st.

DISTRICT No. :—

	1.	2.	3.	4.	5.	6.	7.	8.	Totals.
Attendances at surgery or Medical Officer's residence	481	704	509	596	487	511	474	747	4509
Attendances at patients' houses...	242	671	312	227	445	588	324	578	3187
Occasions on which medicine was supplied without seeing the patient...	13	223	466	137	54	82	169	50	1194
TOTALS ...	736	1598	1287	960	986	1181	967	1175	8890
GRAND TOTAL	1195	2498	1574	1348	1271	1431	1358	1514	12189

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

The Council provides accommodation at Eaton Grange Certified Institution, situated at Unthank Road, for 37 high-grade female adult mental defectives.

The Council has also made arrangements with the Norfolk County Council for the reservation of 80 beds at Little Plumstead Colony, but on 31st December, 107 Norwich cases had been accepted. 18 beds are also reserved at the Royal Eastern Counties Institution, Colchester.

An occupation centre has been established at Eaton Grange, and is held in a building specially erected for the purpose. The centre is in charge of the Committee's enquiry officer and visitor, and is open on the morning of each week-day (Saturday excepted). There was a average attendance of 12.

Sanitary Circumstances of the Area.

WATER.

The water supply, obtained from the river Wensum, and controlled by the Local Authority, is constant, and was adequate in amount throughout the year. The water is subjected to sedimentation, aeration, slow sand filtration and chlorination. Monthly bacteriological and chemical examinations of the City's supplied water, and quarterly examinations of river water and water from the sedimentation reservoir, before filtration, are made, with additional examinations, if necessary. A summary of the results of the routine examinations is shown on pages 30-31. The City Analyst reported that the deterioration shown in the organic quality of the water in July and August was due to the heavy summer rainfall of July.

A few dwellings in the City still draw water from wells; 9 samples of water were examined from 7 wells. The water from 2 wells was certified as being dangerous to health and totally unfit for drinking purposes. In 1 case the City's water supply is being laid on, and in the other case the pump to the well has been disconnected and the City supply only being used. 99.9 per cent. of the population are supplied by the Council.

The Water Engineer reports that works of extension of water mains have been carried out during the past year as under:—

	City.		City & County.	
	Miles.	Yds.	Miles.	Yds.
Extension of water mains ...	4	1490	12	43
Total length connected with system	157	372	208	1743

DRAINAGE AND SEWERAGE.

Sewerage Works.

The City Engineer reports that during the year important progress has been made in improving the efficiency and sufficiency of the sewerage system of the City, comprising the following:—

The systematic inspection, flushing and cleansing of all sewers.

The reconstruction of sewers found upon examination to be defective in the undermentioned streets:—Lindley Street, Bell Road and Branford Road (back passages), Barrack Street and Cowgate, Haywards Yard, Barrack Street and Peacock Street and Fishergate Slum Clearance Areas, Marion Road, Coach and Horses Street, Walton Road, Horsford Street, Helford Street, St. Giles Street, St. Stephen Street, Bethel Street, St. Peter

Street, Holls Lane, Lindley Street, Dereham Road and the main outfall sewage sewer at Lakenham.

Sewers have been laid on the new Corporation Housing Estates known as Earlham (North) Estate and Larkman Lane (East) Estate.

Several manholes have been constructed and catchpits converted into manholes.

Extensive main drainage works known as the Wensum Valley (South) Main Drainage Scheme have been completed, which deal with an area of approximately 350 acres.

205 cesspools have been abolished and the drains previously leading thereto connected with the new sewers.

Sewage Pumping, etc.

A scheme is in hand for the provision of new and more adequate pumping plant and screening gear at the main sewage outfall pumping station at Trowse.

A scheme is also in course of preparation for the provision of an auxiliary main trunk outfall sewer and an auxiliary pumping main to the Sewage Farm.

Sewage Purification.

A scheme for new sewage purification plant, comprising automatically-sludged continuous flow settling tanks, bacteria beds and humus tanks, is in course of preparation.

The question of disposal of the sludge therefrom by some digestion process is also receiving consideration, and will be experimented with.

RIVERS AND STREAMS.

Below the intake at Heigham, the Wensum meanders through the City to join the Yare at Trowse. It is subjected to surface pollution and to the influx of waste water, and a certain amount of sewage gets in. On its banks are situated breweries, the gas works, starch mills, etc., but the pollution is not palpably of a gross character.

Just over the southern boundary of the City, near Harford Bridge, a large milk depôt is being erected, which is close to the River Yare.

CLOSET ACCOMMODATION.

During the year 4 privy pans were abolished and water closets were provided, with the necessary drainage for connection to the sewer; also 8 privy bins were abolished and in their places were provided 13 privy pans.

SUMMARY OF MONTHLY ANALYSES OF WATER TAKEN FROM TAP IN LABORATORY DURING 1936.

Month.	Total Solids in Solution.	Ammonia.		Chlorine.	Nitrogen as Nitrates.	Nitrites.	Oxygen ab- sorbed in 4 hrs. at 80° F.	Lime.	Magnesia.	Sulphuric Anhydride.	Silica, Iron and Alumina.	Hardness.		Bacteria per c.c.	B. Coli Absent in.	Physical Characters.
		Saline.	Albuminoid.									Total.	Permanent.			
January	44.0	.003	.015	3.4	.24	Nil	0.19	16.2	0.65	5.83	0.85	27.15	9.85	10	100 c.c.	Clear. Colour 12°
February	43.5	.002	.013	3.4	.28	Nil	.17	—	—	—	—	28.3	10.6	4	do.	Clear Colour. 12°
March	43.0	.001	.015	3.3	.28	Nil	.203	—	—	—	—	27.1	8.7	3	do.	Clear. Colour 10.5°
April	39.0	.002	.009	3.35	.28	Nil	.106	14.5	.75	4.28	0.5	24.85	7.0	1	do.	Clear. Colour 7.5°
May	34.5	.001	.008	3.3	.24	Nil	.095	—	—	—	—	22.85	7.0	1	do.	Clear. Colour 4.5°
June	33.5	.001	.008	3.3	.16	Nil	.09	—	—	—	—	22.0	6.0	Nil	do.	Clear. Colour 3.75°

Month.	Ammonia			Hardness				Oxygen absorbed in 4 hrs. at 80° F				Physical Characters.				
	Total Solids in Solution.	Saline.	Albuminoid.	Chlorine.	Nitrogen as Nitrates.	Nitrites.	Lime.	Magnesia.	Sulphuric Anhydride.	Silica, Iron and Alumina	Total.	Permanent.	Bacteria per c.c.	B. Coli in.		
July	32.5	.002	.01	3.15	.08	Nil	.132	11.6	.648	3.09	.5	20.0	5.14	15	100 c.c.	Clear. Colour 9° Free chlorine nil.
August	36.5	trace	.013	3.15	.08	Nil	.226	—	—	—	—	24.0	5.6	18	35 c.c. *	Clear. Colour 15° Free chlorine nil.
13 September	34.0	Nil	.011	3.14	.08	Nil	.181	—	—	—	—	22.3	6.0	6	100 c.c.	Clear. Colour 9°
October	33.5	Nil	.01	3.2	.12	Nil	.157	13.0	.75	3.26	.90	23.15	6.0	11	do.	Bright & Clear. Colour. 9°
November	38.5	trace	.011	3.1	.16	Nil	.156	—	—	—	—	26.0	6.4	1	do.	Bright & Clear. Colour 7.5° Free chlorine nil.
December	42.5	.0007	.015	2.5	.16	Nil	.248	—	—	—	—	28.3	4.5	1	do.	Clear. Colour 13.5°

*B.Coli present in 65 c.c. on this occasion.

The chemical results are stated in parts per 100,000, which may be altered to grains per gallon by multiplying the figures by 0.7.

The number of conversions for the 5 previous years are as follows :—

Year.			Privy Bins.		Privy Pans.
1931	...	...	—	...	6
1932	...	...	2	...	4
1933	...	...	—	...	1
1934	...	...	—	...	6
1935	...	...	1	...	2

At the end of the year there were 91 privy pans and 8 privy bins in the City, the remainder of the premises being supplied with water closets.

PUBLIC CLEANSING.

The Senior Sanitary Inspector reports as follows :—
Collection and Disposal of Refuse.

The 3-vehicle relay system is being successfully proceeded with and, as the old vehicles are superseded by the end-loading movable-floor type, the system is being extended.

During the year, 123,378 cubic yards (approximately 32,275 tons) of house and trade refuse were collected and disposed of at the Harford Refuse Tip.

In addition to this, 1532 loads of trade and other refuse were disposed of at the Harford Tip. This refuse is brought to the tip by various private firms in this City and, in this connection, the Health Committee make a minimum charge of 1/- per load for vehicles of 1 ton and under, and a further charge of 1/- per ton is made according to the tonnage of the vehicle concerned.

Privy bin refuse is removed by the night wagon, and during the year 54 loads of privy bin refuse were disposed of on farms.

The following shows the amount of house and trade refuse collected and taken to the tip by the various kinds of vehicles :—

Vehicles.				Cubic Yards.
Morris	...	...	...	58913
S.D. Freighters	...	...	...	22617
Ford	...	...	...	5658
S.D. Freighters (rear loading)	...	...	...	20850
Karriers (rear loading)	...	...	...	15340
				<hr/>
				123378
				<hr/>

Included in the above-mentioned figures are 1626 cubic yards of paper, which was collected in bags.

A weekly collection was given to all private dwelling-houses in the City, but hotels, restaurants, etc., have had their refuse collected 4 times per week.

It will be seen from the following figures that the cost of refuse collection and disposal has risen slightly, for various unavoidable reasons, and there is reason to anticipate a further rise, but it is safe to say that the rise would have been appreciably greater but for the introduction of the 3-vehicle relay system.

<i>Costing.</i>	Year ending 31/3/1935.		Year ending 31/3/1936.
	Average of 83 County Boroughs.	Norwich.	Norwich. (Approx.)

Collection :—

Weight per 1000 population per day	16.3 cwts.	14.6 cwts.	13.75 cwts.
Cost per 1000 population per annum	£134	£120	£128
Cost per 1000 houses per annum	£501	£391	£415
Cost per collection per house per week	2.3d.	1.81d.	1.91d.
Cost per ton... ..	9/-	9/-	10/2d.

Disposal :—

Cost per 1000 population per annum	£61	£36	£39
Cost per 1000 houses per annum	£228	£117	£127
Cost per ton... ..	4/1d.	2/8d.	3/1d.

Fleet of Mechanical Vehicles in use 31st December, 1936 :—

Class of Vehicle.	No. of Vehicles.	Working Capacity of Body.	Year of Purchase.
<i>Collection :—</i>			
S.D. Freighter (movable floor)	2	10 cu. yds.	1935
S.D. Freighter (solid tyres)	4	9 cu. yds.	1929-1930
Morris (30 cwt.)	4	6 cu. yds.	1930-1931
Morris (Leaders)	3	8—9 cu. yds.	1931-1932
Ford... ..	1	6 cu. yds.	1932
Karrier (movable floor)	3	10 cu. yds.	1936

Disposal :—

Ford... ..	3	3 cu. yds.	1935
------------	---	------------	------

Cleansing of Earth Closets, Privies, etc.

The premises at which 87 pans and 8 bins are situated have no sewer available. In the remaining cases the question of converting the privy pans to water closets is under consideration. Privy pans are emptied weekly, and privies when necessary.

Cesspools.

There are 173 cesspools in the City, and these are outside the sewerage system. This is a decrease on the number previously existing, which is due to the abolition of 226 cesspools where the premises have been drained to the new Wensum Valley (South) Main Drainage Sewer.

There is no appreciable alteration in the situation with regard to the cesspools in the City zone of protection along the river banks. Whilst a number of these cesspools appear to be impervious, the sewage in a number of cases is still being emptied on to the land adjoining, which is not far removed from the river. The City draws its water from the river, and the intakes are below these latter cesspools.

Norwich Corporation Act, 1933.

Section 80 of the above-mentioned Act gives the Corporation power to require the owner or occupier of any dwelling-house, warehouse, shop or other premises, to provide a sufficient number of covered galvanised iron dustbins in lieu of ashpits or ashtubs or other receptacles for refuse, and such dustbins shall be of such size and construction as may be approved by the Corporation.

The Health Committee has standardised the size of the portable galvanised iron dustbins under this Act as follows:— diameter, 16 inches; depth, 20 inches.

During the year 2005 new dustbins were provided, and a number of insanitary ashpits have been abolished. It was necessary to serve formal notices requiring the owners of 259 dwelling-houses to provide dustbins. In consequence of formal notices, 330 dustbins were provided (including 123 for which notices were served in 1935).

SANITARY INSPECTION OF THE AREA.

The following is a summary of the principal work of the Sanitary Department during the year, and action taken under the various Public Health and Housing Acts or Bye-laws:—

5208 Nuisances detected.

757 Notices served by order of the Health Committee.

1662 Preliminary Notices served.

16185 Premises re-inspected.

5446 Nuisances have been abated.

2694 Special complaints have been received and the premises have been inspected.

367 Letters sent in order to obtain the abatement of nuisances, etc.

82 References to the City Engineer.

7 References to the City of Norwich Waterworks.

167 Special reports *re* overcrowding and unfit houses.

The following are the principal matters that have been dealt with :—

- 4 Insufficient closets.
- 580 Unpaved or defectively paved yards and passages.
- 354 Choked and defective drains.
- 2005 Insufficient dustbins.
- 78 Defective water closets.
- 8 Dirty houses.
- 8 Animals kept so as to be a nuisance.
- 577 Houses with defective roofs, floors, walls, etc.
- 20 Foul accumulations.
- 138 Defective eaves gutters and rain-water pipes.
- 23 Sink-waste pipes defective or not disconnected.
- 7 Insufficient sinks.
- 7 Insufficient water supply.

In 1 case the City Magistrates granted an Order to enter a house in which a nuisance was suspected; the nuisance was confirmed and subsequently abated. In the case which was reported as still proceeding in the last Annual Report, the tenant was prosecuted and the Magistrates made an Order for the house to be cleansed within 14 days; this work was eventually carried out by the Local Authority.

Houses-Let-in-Lodgings.

91 visits were made during the year to houses-let-in-lodgings.

Common Lodging Houses.

The 3 common lodging houses were visited weekly and found to be conducted in a satisfactory manner.

Offensive Trades.

The number of offensive trade premises on the register at the end of the year was as follows :—

Fish Friers ...	...	...	...	90
Dealers in Rags, Skins and Bones	...	...	...	14
Fellmongers ...	...	...	...	2
Fat Melter ...	...	...	...	1
Tripe Boiler...	...	...	...	1
Waterproofing	...	...	...	1
				<hr/>
				109
				<hr/>

During the year 848 inspections of these premises were made.

Tents, Caravans and Sheds.

24 inspections of tents, caravans and sheds have been made to ensure that proper sanitary conveniences and sufficient water supply were provided as specified in the Bye-laws.

Underground Sleeping Rooms.

The Council prescribed Regulations under the Housing, Town Planning, etc., Act, 1909, for the control of the underground sleeping rooms. New regulations are being prepared under Section 12 of the Housing Act, 1936.

During the year 2 rooms were found being used for sleeping purposes which did not comply with the former regulations, and these rooms were closed.

Sanitary Conditions of Theatres, Music Halls, Etc.

During the year 30 inspections were made and, on the whole, the conditions were found to be satisfactory, though the ventilation of some places of amusement is still very poor. However, this is a difficult matter to deal with at present.

Meetings of Owners and Tradesmen.

736 meetings have been held.

House Drains.

During the year 527 drains were tested or examined, and 274 found to be defective. 258 were reconstructed. 189 notices were served. In addition, 888 drains were tested or examined in Slum Clearance areas, etc., and 457 found to be defective.

Rats and Mice (Destruction) Act, 1919.

During the year the following work has been carried out:—

Complaints received	...	...	312
Number of new contracts signed (the occupier agreeing to pay for the services of the rat-catcher at the rate of 2/6d. per hour)	...	...	55
Number of baits laid—			
Free service	...	...	39,083
Contract service	...	...	4,639
		————	43,722
Number of rats known to be killed—			
Free service	...	...	3,340
Contract service	...	...	192
		————	3,532

In addition to poison baits, dogs and ferrets, the gas machine, with Cyanogas poison, has been used on 85 occasions.

Piggeries.

62 visits have been paid to piggeries, and repairs carried out at the request of the Inspectors.

Disposal of the Dead.

There are 2 cemeteries in the City, and the erection of a crematorium outside the City boundary was proceeding during the year. The latter is not under the auspices of the Council.

RAG FLOCK ACTS, 1911 AND 1928.

Rag flock is manufactured at 1 wholesale factory in the City and 15 other premises use rag flock in the process of their business.

12 samples (7 formal and 5 informal) were taken from these premises during the year, and 6 formal samples and 5 informal samples were certified as conforming with the standard. 1 formal sample was certified as not conforming with the standard of cleanliness; legal proceedings were instituted, and the case was dismissed upon payment of 15/- costs.

Periodical inspections have been carried out at these premises during the year, and no infringement of the regulations was found.

4 samples (1 formal and 3 informal) were also taken of flock from rag dolls, and in the formal and 2 informal samples the standard of cleanliness did not conform with the Rag Flock Regulations. It was, however, decided that legal proceedings could not be instituted under these regulations for this flock.

FACTORIES AND WORKSHOPS.

Total number of Workshops in the City	...	262
Total number of Factories in the City	...	445
Number of Visits to Outworkers' Premises	...	476

INSPECTION :—

Premises.	Number of		
	Inspec- tions.	Written Notices.	Occupiers Prosecuted.
Factories (including Factory Laundries)	131	4	—
Workshops (including Workshop Laundries)	1306	21	—
Total ...	1437	25	—

DEFECTS FOUND :—

Particulars.	Number of Defects.			Number of Offences in respect of which Prosecutions were instituted
	Found.	Remedied	Referred to H.M. Inspector	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of Cleanliness ...	14	23 ^a	—	—
Want of Ventilation...	1	—	—	—
Overcrowding ...	—	—	—	—
Want of Drainage of Floors ...	—	—	—	—
Other Nuisances ...	23	14 ^a	7	—
<i>Sanitary Accommodation :—</i>				
Insufficient ...	3	4 ^a	—	—
Unsuitable or defective	21	19 ^a	—	—
Not separate for Sexes	—	—	—	—
Total ...	62	60	7	—

Offences under the Factory and Workshops Acts—Nil.

(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.)

In no instances were the premises of outworkers engaged in the making of wearing apparel found to be unwholesome.

(a) Includes 12, 2, 3, and 2 respectively, found in 1935 and remedied in 1936.

* Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshops Act, 1901, as remediable under the Public Health Acts.

Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.

The necessary inspections for carrying out the Order as far as it refers to bakehouses, making of wearing apparel, where there is Scarlet Fever or Smallpox, and home work where there is infectious disease, have been made.

SHOPS.

The following is a synopsis of the inspections made by the Shops Inspectors during the year :—

Premises.	Inspected.	Re-inspections.	Letters sent.
Shops	1438	2907	745
Bakehouses	470	56	11
Offensive Trades... ..	416	12	3
Preserved Meat	523	51	22
Ice-cream	254	4	33
Factories	67	30	4
Workshops	230	65	9
Restaurant Kitchens	233	5	2
Dairies	257	52	1
Offices	17	69	12
Totals	3905	3251	842

The following are the numbers of exemptions which have been granted under the exemption facilities of the Act :—

2 cases of insufficient sanitary conveniences.

2 cases of no proper washing facilities.

The following contraventions have been abated during the year :—

Shops.

- 94 Insufficient sanitary conveniences.
- 101 Sanitary conveniences not screened and ventilated.
- 86 Dirty and defective sanitary conveniences.
- 1 Insufficient light to sanitary convenience.
- 119 No proper washing facilities.
- 59 Insufficient refuse accommodation.
- 32 No proper facilities for meals.
- 4 Seating accommodation insufficient.
- 23 Defective sinks.
- 2 Insufficient ventilation.
- 1 Insufficient lighting.
- 1 Insufficient heating.
- 246 Proper records not being kept.
- 227 Seating accommodation form not displayed.
- 664 Notices *re* Shops Acts provisions not displayed.
- 494 Notices *re* half-day closing not displayed.
- 47 Insufficient meal and rest hours.
- 23 Insufficient half-holidays for assistants.
- 10 Employment of Young Persons above regulation hours.
- 8 Shops not closing half-day weekly.
- 7 Dirty and/or defective premises.

Other Premises.

Bakehouses.

- | | |
|------------------------------------|-----------------------|
| 2 Insufficient dust accommodation. | |
| 4 Insufficient sinks. | 1 Dirty W.C. |
| 9 Dirty premises. | 3 Defective premises. |

Offensive Trades.

- | | |
|-------------------------------|-----------------------|
| 1 Insufficient ventilation. | 5 Dirty premises. |
| 3 No proper storage for fuel. | 1 Defective premises. |

Preserved Meat Premises.

- 4 Dirty premises.

Workshops.

- 1 Insufficient W.C. accommodation.
1 Insufficient ventilated space to W.C.
1 Insufficient washing facilities.
1 Dirty W.C.
12 Dirty premises.
4 Defective premises.

Factories.

- 12 Insufficient W.C. accommodation.
2 Foul urinals.
8 Insufficient ventilated spaces to W.C.s.

Restaurant Kitchens.

- 1 Dirty premises.

Offices, etc.

- | | |
|--------------------------------------|--------------|
| 8 Insufficient W.C. accommodation. | 1 Dirty W.C. |
| 2 W.C.s not ventilated and screened. | 1 Foul sink. |

A standard relating to lighting, ventilation and temperature of shops has been under consideration during the year. The following report was made to the Health Committee:—

“In my Annual Report (page 14) for 1928, there is the following paragraph:—

‘An aspect of the social conditions which has not had much attention is the question of light and ventilation in shops. There are many shops with a comparatively narrow frontage and considerable depth. These conditions must create difficulties in ventilation and natural lighting, and are thereby potential producers of anæmia, etc., and many shop assistants, the future parents of the City, have to spend

all their working day there, in an atmosphere very liable to infections of all sorts. The subject is too new to advance any concrete proposals with regard to it, but it is well that it should be considered.'

There is no standard for lighting or ventilation laid down by the Act as to what is sufficient and suitable, but I consider it highly desirable for administration purposes to fix a reasonable standard which can be rigidly demanded and cannot be made the subject of subsequent discussion and perhaps undue pressure. Since my Report of 1928, a good deal of work has been done on these questions, and it is now possible, and, in my opinion, desirable for the Committee to adopt some standards.

Ventilation. With regard to good ventilation, the desirability of this has been accepted for so many years that it is not necessary to discuss that now. We can take it as acknowledged.

The difficulty has been to find what is a suitable standard of ventilation, but after consulting various authorities I find a certain measure of agreement that 600 cubic feet per head per hour is the desirable minimum. I gather that that is sufficient to remove traces of body odour, which is found to be perhaps the most delicate test of satisfactory ventilation. There are, of course, questions of cooling power and air movement, but these will vary with other factors or are impracticable to measure throughout any premises. It would also be impracticable for us to ensure by measurement that 600 cubic feet of air per person per hour is being admitted to any shop, but this can be ensured within a satisfactory degree of accuracy by using the carbon dioxide content of the air as an indicator, and we can take samples of the air and have them analysed by the City Analyst without much difficulty. Taking the normal CO_2 content of external air as .04 per cent., 600 cubic feet of fresh air per person per hour would allow an added carbon dioxide impurity of .1 per cent. Therefore, the carbon dioxide content of the air in any premises dealt with under the Act should not be allowed to rise above .14 per cent., with the proviso that places using carbon dioxide in their normal processes of business should be free of this requirement. I am of the opinion that the Committee should adopt as a standard that the CO_2 in the air of the premises must not be allowed to rise above .14 per cent.

Lighting. This can be considered under two heads:—
(a) Artificial Lighting; (b) Natural Lighting.

Again I have consulted various authorities. *Inter alia* I saw an official of the Home Office, to which department I was referred by the Ministry of Health, as the Home Office, is, I gather, responsible for this Act. That official said that in their opinion

this Act would not permit us to demand natural lighting for shops, and therefore we must accept a satisfactory standard of lighting, whether natural, artificial or combined.

There was considerable difference of opinion between the authorities I consulted on this matter. The standard which I recommend the Committee to adopt is that suggested by the London School of Hygiene and Tropical Medicine, namely, where a Daylight Factor of .5 per cent. at the working level, e.g., about 3 feet from the floor, is not available, artificial lighting of 8 foot-candles intensity as a minimum must be provided.

The above requires a certain amount of explanation. The Daylight Factor referred to means that percentage of an unobstructed hemisphere of sky visible at the point under consideration. There is an instrument available for measuring and estimating this easily and sufficiently accurately. If one were placed on the top of a high building or hill with no obstruction, one would get 100 per cent. of the unobstructed hemisphere of sky. Any obstruction would obviously reduce the percentage of unobstructed sky visible at that spot. The above standard allows for a certain amount of mixed lighting, which does in fact occur in most shops, but cannot be depended on throughout many shops. Therefore, when the natural lighting standard is not available the artificial lighting standard automatically comes into action, and I foresee no difficulty in this. The question of the standard of artificial lighting has required some consideration, and will possibly lead to difficulty, but on the whole I consider that 8 foot-candles, as measured on an accurate calibrated modern photometer, is a reasonable standard to demand, when it is borne in mind that some shop assistants have to spend practically the whole of their working lives in the conditions of their work. This standard of 8 foot-candles is not to be considered as a maximum, and many shops already exceed this. Booklets from The Lighting Service Bureau recommend varying standards for different classes of premises, ranging from 7—9 to 15—20 foot-candles, but these may be partly a commercial recommendation. The Consulting Engineer whom we consulted considered that the 8 foot-candle standard as a minimum was too high, but suggested a 4 foot-candle standard as a minimum, with the desirability of laying down a varying standard for different classes of premises. However, I consider that the 8 foot-candle standard is the minimum desirable. The Committee should bear in mind that there has been much improvement in lighting efficiency of recent years, and therefore the cost of this standard would not necessarily be greater than the cost of a much lower standard some few years ago. Moreover, it has been found that the efficiency of the

human eye improves very rapidly up to 10-foot candles. Shopkeepers can, by considering the reflection quality of their wall decorations, materially affect and improve the general diffusion of light throughout their establishments. I may say that there are on the market several patterns of satisfactory photometers.

I have had some investigations made by the Sanitary Inspectors on the lighting of some of the shops in Norwich by means of a photometer kindly lent to me by the Electricity Department. There is considerable variation from no light registered at all up to the maximum on the instrument used, which was 50 foot-candles. For the Committee's guidance, it may be stated that the light from an overcast sky is taken as 500 foot-candles, but on a bright day this is very greatly exceeded, perhaps up to ten times the amount.

The question of glare requires some consideration. It may be argued that a standard of 8 foot-candles will, in some cases, include glare which may be trying to the eyes. Glare is caused by violent contrast of lights, and is also associated with the shining of a strong light directly into the eyes. This can largely be obviated by satisfactory diffusion of the light throughout the premises, and the proper arrangement of the lights preventing strong rays shining on the eyes directly. It is perfectly clear that a standard of 8 foot-candles can be maintained without producing unpleasant glare.

There now remains the question of the possibility of demanding some natural lighting and ventilation to all the premises dealt with under this Act. I have mentioned that the Home Office official considered that this could not properly be demanded under this Act, but I am of opinion that this is highly desirable. It is perfectly obvious that one could artificially ventilate or artificially light a wooden box, but I cannot believe that that would be a satisfactory place in which to live and work indefinitely. The value of light has only comparatively recently been recognised, but it is now generally accepted, though not perhaps absolutely proved yet, that rickets and dental caries are associated with lack of vitamin 'D', which can be synthesized in our bodies by action of sunlight on our skins, though this is admittedly not the only source of vitamin 'D'. Bearing in mind that the vast majority of our population suffer from dental caries and that rickets used to be known on the Continent as the 'English Disease', and indeed it was first thoroughly described in this country, and that the minor forms of rickets are still very common amongst us, the importance of struggling after the best possible amount and most suitable source of light is obvious, particularly when it is remembered that a large proportion of the prospective mothers of the nation, as well as many

fathers, spend a large proportion, and in winter practically the whole, of the hours of daylight in such workplaces as shops. Tuberculosis is also accepted as a disease associated with darkness. There is no question that good light and ventilation help to prevent anæmia, and it must be remembered that the minor forms of anæmia are still very common. There is, further, a point which is usually overlooked, which is the exhilarating effect of natural light and ventilation, and the mentally depressing effect of their absence. I can obtain no direct evidence of this, but it is a matter of everyday experience, and I am confident that the psychiatrists will agree with me in this. I have consulted the Medical Superintendent of the Helleston Mental Hospital, who is prepared to support the above view in principle, though he could not recall any case in which he was prepared to lay the blame for a mental breakdown on lack of natural light and ventilation. I have also been in touch with the Institute of Medical Psychology in London (The Tavistock Clinic), and the following is a copy of the letter of the Medical Director:—

‘The Institute of Medical Psychology
(The Tavistock Clinic),
Malet Place,
W.C.1.

December 21st, 1935.

I have now had a chance of consulting a group of my colleagues on the Medical Staff Committee on the subject of your letter.

They are all in agreement with me that, while conditions of absence of daylight and ventilation to which you refer are not likely to be a direct cause of psychoneurotic illness, there is no question at all that such working conditions do exacerbate these illnesses. All of us have known cases in which one of the main irritants of the patient’s environment was the room in which he had to work, where there was an insufficiency of natural lighting and ventilation. You can, therefore, I think, truthfully say, and you can quote it if you wish as coming from this source, that such conditions do increase psychoneurotic disability and militate against recovery from such illness. Since it is probable that approximately one-third of all sickness is psychoneurotic in character, this is a matter of no little importance.’

It will be observed that, unfortunately, at present we are only in the position of expressing an opinion, but it will not be the first time by a very long way that in the practice of medicine, opinions have had to be acted on without waiting for definite

scientific measurement and evidence, and I consider that in the present instance the opinions are well founded, being in agreement with common sense, and should be acted on. Here again, a standard is highly desirable. I suggest that the Committee adopts the standard that every shop must provide direct unobstructed natural light and ventilation to the external air. The area must be openable, and must be glazed with clear glass, kept reasonably clean, to the extent of 1/80th of the floor space in every room or apartment used as a shop. The door openings should be included in the 1/80th. It will be perfectly obvious that this is a trifling standard, but at any rate it is a beginning, and even this will probably cause considerable disturbances throughout this City. There are basements being used every day with no natural lighting or ventilation at all except the entrance well. In my opinion, this should not be allowed, and one may remind the Committee that basement dwellings and sleeping places have been abominated for years as foul breeding places of ill health. It may be argued that this will cause unreasonable disturbance and cost, but I submit that it is unreasonable to cause or permit people to spend practically the whole of their working lives in bad conditions. Before the Committee takes any steps it should be aware of the seriousness of the step, and yet I submit that it is a step which the Committee ought to take if it can, and I suggest that the Committee decides that purely artificial lighting and ventilation is not to be considered as suitable.

With regard to natural ventilation, I am of opinion that the constant slight changes of temperature associated with natural conditions, but completely absent from artificial ventilation conditions, are a valuable tonic and stimulus to us. Further, natural lighting is slightly better than artificial in assisting to detect any dust and dirt, and is thereby an aid to cleanliness. The provision of some natural lighting and ventilation is also some slight safeguard against the breakdown of any artificial machinery. The standard for natural lighting and ventilation I have suggested is a very poor standard, but if it is found in practice, after some considerable experience, that it should be improved, the standard can be raised later with due consideration where necessary.

The word "shop" or "room" should include any place closed off by a partition, whether permanent or temporary, and whether by a wall, screen or curtain which will prevent a satisfactory admission of air and light. I have much literature on these subjects which it is impracticable to circularise round the Committee. If the Committee decides to adopt any of these standards, it might think it desirable to circularise shop-keepers, giving them notice of the proposals and a reasonable time, e.g., 2 years, in

which to bring the shops up to the standards required. I have to point out that the work under "Ventilation" will entail considerable expenditure by the Public Health Department on the analyses of air samples taken. I should like to add that I have had much very valuable help in this matter from the members of the Staff of the London School of Hygiene and Tropical Medicine, under the direction of Professor Jameson, particularly Dr. Crowden. They have undoubtedly taken a tremendous lot of trouble to assist me in this matter in every way they possibly can, and I am obliged to them for their help.

SUMMARY. I recommend to the Health Committee:—

- (1) That the ventilation of every part of every shop should be such that the carbon dioxide content must not rise above .14 per cent. as analysed by the City Analyst.
- (2) That where .5 per cent. of the natural Daylight Factor, as measured on the appropriate instrument, is not available, an artificial lighting standard of 8 foot-candles as a minimum at the working height, generally about 3 feet from the floor, be adopted.
- (3) That every shop or room used as a shop must have an area equal to 1/80th of the floor space having an unobstructed direct access to natural light and ventilation, and this must be openable direct to the external air, and must be glazed with clear glass kept reasonably clean.
- (4) The purchase and necessary calibration of the appropriate instruments for measuring the Daylight Factor and lighting power, at a cost of approximately £18.
- (5) The provision of money in the estimates for analyses."

The above-mentioned standards were adopted together with a condition that all shops should be required to provide and maintain a temperature of not less than 50° F., but cases where the temperature standard produces trade difficulties to receive reasonable consideration.

61 letters of warning have been sent by the Town Clerk to shopkeepers for contraventions of the Shops (Hours of Closing) Act, 1928. In 16 cases, contraventions were found after these letters had been sent and proceedings were taken against the persons responsible: in 3 cases fines of £1, in 3 cases fines of 10/-, in 6 cases fines of 5/-, and in 4 cases fines of 2/6d., were inflicted.

One person was fined 10/- for a contravention of the Norwich Weekly Half-Holiday (Barbers' and Hairdressers') Order, 1930.

There were two contraventions of the Shops Act, 1934, relating to the employment of young persons, and proceedings were taken against the employers. In 1 case a fine of 15/- and 5/- costs was inflicted, and in the other case a fine of 12/6d. was inflicted.

SMOKE ABATEMENT.

93 smoke observations have been taken.

In no case was black smoke issued for more than 2 minutes in the half-hour.

SWIMMING BATHS.

There are 5 swimming baths within the Borough. 3 are open-air swimming baths, taking their supply of water direct from the river, the river either flowing directly through the bath or partly diverted to flow through the bath. These baths are owned by the Local Authority. The other 2 swimming baths are covered-in baths and use the Corporation water supply. These 2 baths are privately owned.

The water of the open-air baths is not cleansed or sterilised. During the winter the baths are cleansed, and the vegetation on the sides and bottom of the baths is scraped off.

The water of the closed-in baths is cleansed by filtration and aeration, and sterilised by the Chloramine process. The turnover period in both baths is 4 hours.

The following are summaries of the analyses of samples taken from the baths during the swimming season :—

Open-air Baths.

Lakenham Bath.

4 samples were taken on 2 occasions for bacteriological analysis, and the bacteriological counts per c.c. were 1600 ; 600 ; 1220 ; and 490 respectively. In all the samples B.Coli was found to be present in 0.1 c.c.

Eagle Baths (2 baths situated together and taking supply from same source).

One sample was taken from each bath for bacteriological analysis, and the bacteriological counts per c.c. were 1050 and 1100. In both samples B.Coli was found to be present in 0.1 c.c.

Wensum Bath.

6 samples were taken on 2 occasions, 3 for bacteriological analysis only, and 3 for chemical and bacteriological analyses. The bacteriological counts per c.c. were less than 100 in 3 cases, 400, 450, and 480 respectively. In all the samples B.Coli was found to be present, in 5 samples in 1.0 c.c. and in 1 sample in 5.0 c.c. The chemical analyses gave satisfactory results.

Covered-in Baths.

Private Swimming Bath A.

2 samples were taken on 1 occasion for bacteriological analysis, and the bacteriological counts per c.c. were 140 and 155. B.Coli was absent in both samples in 35 c.c.

Private Swimming Bath B.

2 samples were taken on 1 occasion for bacteriological analysis, and the bacteriological counts per c.c. were 3250 and 2929. B.Coli was absent in both samples in 35 c.c.

ERADICATION OF BED BUGS.

17 Council houses and 74 other houses were found during the year to be infested with bed bugs. All these were disinfested—the Council houses being fumigated with Hydrocyanic Acid (H.Cn) Gas, and the other houses sprayed with Solution “B” and fumigated with Sulphur, Cescones and Formalin. The work in connection with the Council houses has been carried out by a contractor under the supervision of the City Engineer; other houses are treated by officers of the Health Department. Steps are taken to ensure that the belongings of families removing to Council houses (except 1919 houses) are free from vermin. Four employees of the Corporation have been trained by a fumigation firm in the disinfestation of furniture. The Corporation owns a van which takes the furniture of three families at one time. Until September, the contractor was employed to move and fumigate the furniture of additional families when necessary. This has now been discontinued. A van, with driver and packer, is hired from a contractor and the Corporation carry out the fumigation. All furniture, bedding and other goods are collected in the morning, fumigated with H.Cn gas in the van, and, except bedding, delivered gas-free the same evening to the new house. Bedding, which is liable to retain traces of gas for some time, is kept until proved absolutely free of gas. Accommodation bedding is lent to tenants until their own is returned. Owing to limited accommodation for airing purposes, some bedding is disinfested by steam instead of by gas, in which case it is returned the same day.

SCHOOLS.

The sanitary condition and water supply of the schools are dealt with on page 139, and infectious diseases in the schools receive comment on pages 156-159.

HEALTH EDUCATION.

Education on health matters is provided at the Infant Welfare Centres, Maternity Homes and School Clinics, and by the visits of the Health Visitors to the homes; instruction in hygiene is given in the schools.

The Health Committee has also entered into arrangement for the supply of 2000 copies per month for three years of "Better Health", free of charge, for distribution amongst the citizens.

Lectures were given and films shown on diphtheria immunisation, in different parts of the City.

HOUSING.

The first half of 1936 was mainly taken up by the completion of the overcrowding survey called for under the Housing Act, 1935. The number of dwellings found to be legally overcrowded was 763, made up as follows:—

1. Dwellings in listed Clearance Areas	...	319
2. Dwellings not in Clearance Areas	...	168
3. Dwellings on Corporation Estates	...	276

The following statistics were completed from the overcrowding survey:—

(a)	(i.)	Number of dwellings overcrowded at the end of the year	...	...	763
	(ii.)	Number of families dwelling therein	...		790
	(iii.)	Number of persons dwelling therein	...		5339
(b)		Number of new cases of overcrowding reported during the year...	...		61
(c)	(i.)	Number of cases of overcrowding relieved during the year	...	...	81
	(ii.)	Number of persons concerned in such cases	...	...	432
(d)		Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	...		Nil

The Minister of Health has appointed the first day of July, 1937, as the day on which overcrowding will become an offence under the Act.

The delay occasioned by the completion of the overcrowding survey made it impossible to carry out the projected clearance scheme, but it is hoped to make up much of the lost ground during 1937.

In addition to the overcrowding survey, a further survey of unfit houses was carried out and it was recommended that 1862 houses, with a population of 5637 persons, should be added to the original five-year programme. These figures include approximately 250 houses, with a population of 805, which were in the original programme to be dealt with under Improvement Areas.

GRAPH SHEWING THE NUMBER OF HOUSES ERECTED IN NORWICH FROM 1897 TO 1936

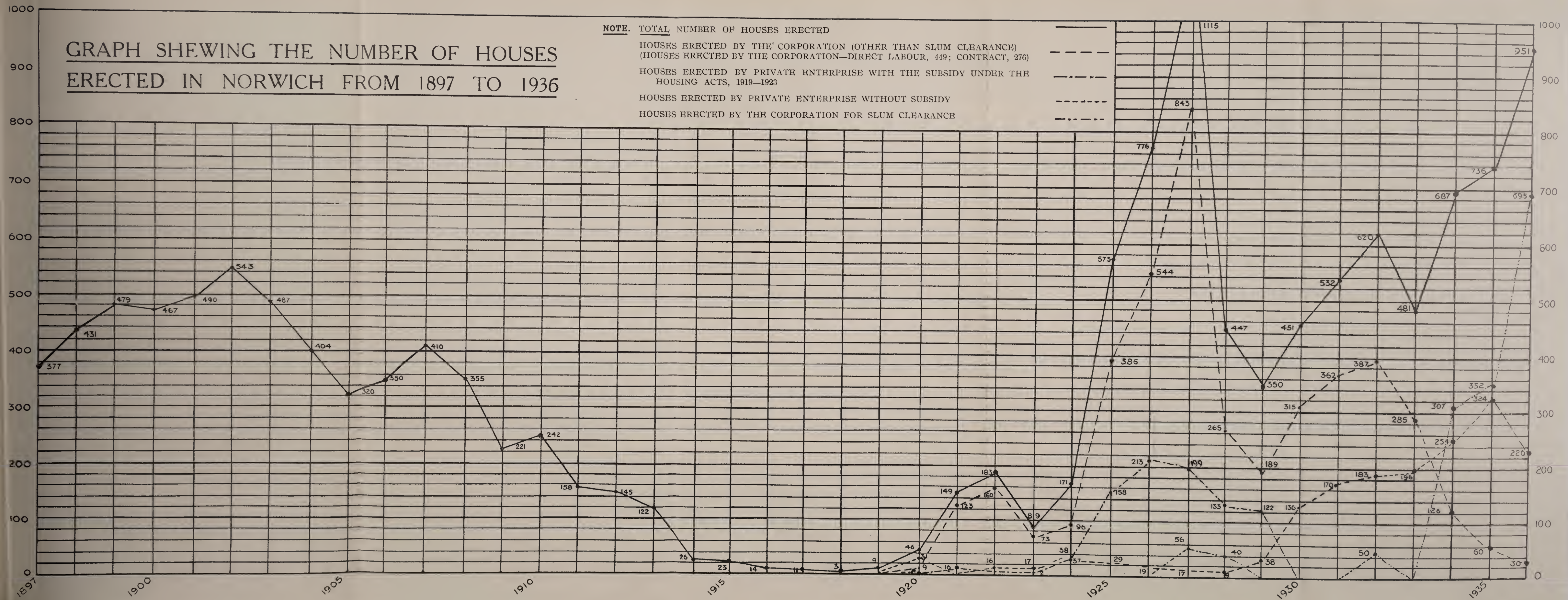
NOTE. TOTAL NUMBER OF HOUSES ERECTED

HOUSES ERECTED BY THE CORPORATION (OTHER THAN SLUM CLEARANCE)
(HOUSES ERECTED BY THE CORPORATION—DIRECT LABOUR, 449; CONTRACT, 276)

HOUSES ERECTED BY PRIVATE ENTERPRISE WITH THE SUBSIDY UNDER THE
HOUSING ACTS, 1919—1923

HOUSES ERECTED BY PRIVATE ENTERPRISE WITHOUT SUBSIDY

HOUSES ERECTED BY THE CORPORATION FOR SLUM CLEARANCE



14 Clearance Areas were declared by the Council and these were dealt with by 4 Clearance Orders and 6 Compulsory Purchase Orders. The remaining 4 Areas were Corporation property, on which Clearance Orders are not made. The number of houses involved was 205, with a population of 600. 4 public inquiries were held. The Minister of Health confirmed 12 Clearance Orders, 8 Compulsory Purchase Orders and the 4 Areas involving the Corporation property. The result of 1 inquiry, involving 4 Areas, is not yet known. Rehousing from the Areas is in hand.

The Areas dealt with were as follows:—

Compulsory Purchase Orders.

	Houses.	Population.
Peacock Street, Sections A, B and C ...	23	77
Bayfields Yard, etc., Magdalen Street ...	7	20
Neales Square	54	135
107—113, Pottergate	4	16

Clearance Orders.

Cherry Tree Yard, etc., St. George Street	27	101
The Paddocks, etc.	16	34
40—44, Barn Road	3	3
60—68, Barn Road	5	14
Roaches Court, Elm Hill	7	27
The Monastery, Elm Hill	5	18
60—78, Colegate	21	75
6—12, Grapes Hill, etc.	33	80
	<hr/> 205	<hr/> 600

Action under Sections 19 and 20 of the Housing Act, 1930, was taken as follows:—

Demolition Orders	58
Closing Orders	42
Undertakings not to re-let	11

Individual unfit houses dealt with...	<hr/> 111
---------------------------------------	-----------

121 families were rehoused from individual unfit houses during the year. 2 of these were under Orders made in 1934, 72 under Orders made in 1935, 46 under Orders made in 1936, and 1 under an Order made in 1937.

During the year, 25 Tuberculous families were rehoused on the recommendation of the Medical Officer of Health.

The Council, in pursuance of their powers under the Housing Act, grant rent rebates to tenants of non-parlour houses and flats, up to a maximum extent of 4/- per week, in accordance with an approved scale. The grant of a rebate applies also to the rehousing of cases of Tuberculosis.

Statistics.

1. Inspection of Dwelling-houses.

(1)	(a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ...	4,762
	(b)	Number of inspections made for the purpose	16,307
(2)	(a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	2,188
	(b)	Number of inspections made for the purpose	6,350
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	111
(4)		Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	2,082

2. Remedy of Defects during the Year without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers (including 788 in respect of which notices were served in 1935, and rendered fit in 1936)	2,755
--	-------

3. Action under Statutory Powers.

A.—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930.

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs ...	91
-----	---	----

(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners (including 46 in respect of which notices were served in 1935, and rendered fit in 1936) ...	72
(b) By Local Authority in default of Owners ...	5

B.—Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ...	400
(2) Number of dwelling-houses in which defects were remedied after service of formal notices—	
(a) By owners (including 226 in respect of which notices were served in 1935, and remedied in 1936) ...	437
(b) By Local Authority in default of Owners ...	44

C.—Proceedings under Sections 19 and 21 of the Housing Act, 1930.

(1) Number of dwelling-houses in respect of which Demolition Orders were made ...	58
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ...	59

D.—Proceedings under Section 20 of the Housing Act, 1930.

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ...	42
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ...	3

4. Housing Act, 1935—Overcrowding.

(a) (1) Number of dwellings overcrowded at the end of the year ...	763
(2) Number of families dwelling therein ...	790
(3) Number of persons dwelling therein ...	5339

- | | | | | | | |
|-----|---|--|-----|-----|-----|-----|
| (b) | Number of new cases of overcrowding reported during the year | ... | ... | ... | 61 | |
| (c) | (1) | Number of cases of overcrowding relieved during the year | ... | ... | ... | 81 |
| | (2) | Number of persons concerned in such cases | ... | ... | ... | 432 |
| (d) | Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding. | | | | | |
| | Nil. | | | | | |
| (e) | Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report. | | | | | |

It is desirable to point out that the standard of overcrowding laid down in the Housing Act is a very poor standard and is not as good as that to which the Norwich Health Committee were working before the passing of this Act. Several cases have come to our notice which were not overcrowded according to the Act, and yet were in actual fact obviously and grossly overcrowded from a health point of view.

INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply.

WHOLESOMENESS AND DISTRIBUTION.

The quality of the milk from a chemical standpoint has been very good.

Some of the milk is produced within the City Boundary ; a quantity comes in by rail ; but by far the greater portion comes in by road from the districts surrounding Norwich. The type of premises used for storing still continues to improve.

The quantity of milk consumed by the population shows an increase, the figures being as follows :—

Average number of pints per week sold in November, 1935 (191 returns received from milk-sellers)	354,328
---	---------

Average number of pints per week sold in November, 1936 (182 returns received from milk-sellers)	385,860
---	---------

This shows an increase of 31,532 pints of milk per week, and the approximate average of .45 pints of milk per day per person in the City.

Cowkeepers—

Number on Register	7
Number of Cows	214

Retail Milk Purveyors—

Number on Register—

Residing in the City	123
Residing outside the City	76
	— 199

Number of Inspections of Dairies, Cow-sheds, and Milk-shops	978
--	-----

Arrangements have been made for the Veterinary Inspector to inspect and furnish reports quarterly on the cows on the seven farms.

MILK AND DAIRIES ORDER, 1926.

In three cases proceedings were taken against persons for bottling milk on unregistered premises. In two cases fines of 5/- were inflicted, and the other case was dismissed.

MILK (SPECIAL DESIGNATIONS) ORDERS, 1923 AND 1936.

The Milk (Special Designations) Order, 1936, came into force on 1st June, 1936, and from that date the special grades of milk were "Tuberculin Tested", "Accredited", and "Pasteurised"—the "Tuberculin Tested" taking the place of "Certified" and "Grade A (Tuberculin Tested)", and the "Accredited" taking the place of "Grade A" in the 1923 Order.

The average number of pints of graded milks sold weekly during the year were:—

"Certified", "Grade A (T.T.)", and "Tuberculin Tested"	...	...	...	11,518
"Grade A", and "Accredited"	...	...	...	43,704
"Pasteurised"	...	...	...	114,292

The following licences were granted:—

Producers—

"Grade A"	2
-----------	-----	-----	-----	---

Retailers—

"Certified"	...	...	...	1
"Grade A (T.T.)"	...	...	...	11
"Grade A"	...	...	...	19
"Pasteurised"	...	...	...	1

64 samples of "Certified", "Grade A (T.T.)", and "Tuberculin Tested", 188 of "Grade A" and "Accredited" and 31 of "Pasteurised" milk were bacteriologically examined. In 6 of "Certified", "Grade A (T.T.)", and "Tuberculin Tested", and 30 of "Grade A" and "Accredited", B.Coli was present in excess, and in 4 cases of "Certified", "Grade A (T.T.)", and "Tuberculin Tested", and 15 of "Grade A" and "Accredited" milk, bacteria were found in excess of the number allowed by the Order. In all cases letters of warning were sent to the vendors.

Bacteriological Examination of Ordinary Milk.

50 samples of ordinary milk were bacteriologically examined for the presence of bacteria, and the results gave an average of 229,631 bacteria per c.c. per sample. It is as well to point out that a considerable quantity of milk is pasteurised unofficially, or pre-heated, and no intimation given to the public.

The following tables show the results of the examinations of the samples of milk from each producer, and enable comparisons easily to be made.

The standards required by the Orders were :—

(From 1st January, 1936, until 31st May, 1936.)

"Certified"...	...	Not more than 30,000 bacteria per c.c. and no B.Coli in one-tenth of a c.c.
"Grade A (T.T.)"	...	Not more than 200,000 bacteria per c.c. and no B.Coli in one-hundredth of a c.c.
"Grade A"...	...	Same as for "Grade A (T.T.)".
"Pasteurised"	...	Not more than 100,000 bacteria per c.c.

(From 1st June, 1936, to 31st December, 1936.)

"Tuberculin Tested"	...	Not more than 200,000 bacteria per millilitre and no coliform bacillus in one-hundredth of a millilitre.
"Accredited"	...	Same as for "Tuberculin Tested".
"Pasteurised"	...	Not more than 100,000 bacteria per millilitre.

"Certified", "Grade A (T.T.)", and "Tuberculin Tested".

Producer.	No. found to contain :—					Average No. of bacteria per c.c.
	No. of samples taken.	No. up to standard.	Excess bacteria and excess B.Coli.	Excess bacteria only.	Excess B.Coli only.	
"A" ...	8	8	—	—	—	1,376
"B" ...	9	7	1	1	—	78,630
"C" ...	22	19	—	—	3	12,848
"D" (Mixed)	10	10	—	—	—	24,546
"E" ...	11	10	—	—	1	4,361
"F" ...	4	2	1	1	—	363,387
Totals ...	64	56	2	2	4	42,943

"Grade A" and "Accredited".

"A" (Mixed)	31	22	6	—	3	427,313
"B" ...	10	9	—	—	1	3,011
"C" ...	13	12	—	—	1	8,543
"D" ...	21	21	—	—	—	15,063
"E" ...	12	12	—	—	—	9,240
"F" ...	16	15	—	1	—	49,212
"G" ...	9	6	3	—	—	1,039,724
"H" ...	8	6	1	—	1	57,600
"I" (Mixed)	9	7	1	—	1	64,974

"Grade A" and "Accredited"—Contd.

Producer.	No. of samples taken.	No. up to standard.	No. found to contain :—			Average No. of bacteria per c.c.
			Excess bacteria and excess B.Coli.	Excess bacteria only.	Excess B.Coli only.	
"J" ...	11	10	—	—	1	21,693
"K" ...	1	1	—	—	—	7,360
"L" ...	1	1	—	—	—	3,960
"M" ...	1	1	—	—	—	6,500
"N" ...	14	12	—	—	2	27,333
"O" ...	8	7	1	—	—	41,376
"P" ...	6	5	1	—	—	83,055
"Q" ...	9	6	—	—	3	32,778
"R" ...	3	—	1	—	2	204,933
"S" ...	2	1	—	—	1	27,900
"T" ...	3	3	—	—	—	6,100
Totals ...	188	157	14	1	16	146,057

"Pasteurised."

"A" ...	31	31	—	—	—	8,981
---------	----	----	---	---	---	-------

Ordinary.

50 samples of ordinary milk, taken from various producers, were found to contain an average of 229,631 bacteria per c.c.

407 samples were taken from milk supplied by producers residing outside the City for examination by animal inoculation for the presence of tubercle bacilli. 37 samples were positive (9.1 per cent.) ; these 37 samples concerned 23 producers, and the cases were referred to the County Medical Officer of Health. This Officer informed me that 20 tuberculous cows were traced and slaughtered; 2 cases were not completed at the end of the year. In 8 cases the County Medical Officer reported that the results of the examination of the samples taken by his Department were negative. Of the three outstanding cases at the end of 1935, one gave a negative result; in the other two cases a cow had been traced and slaughtered at each farm and included in my previous Report, but certain dry cows had not been sampled; these subsequently gave negative results.

46 samples were taken from milk producers in the City for similar examination. 6 samples (13 per cent.) were found to contain tubercle bacilli. The 6 samples concerned 4 producers. In consequence of this, 41 samples were taken from the cows of the producers for examination.

In the case of No. 1 producer, 18 group samples and 1 sample from a separate cow were taken, and all gave negative results; one cow was slaughtered previous to the first secondary sample being taken as a result of the Veterinary Inspector's routine inspection. From No. 2 producer, 5 group samples and 1 sample from a separate cow were taken, and all gave negative results, but two cows had been sold between the taking of the bulk sample and these samples. 6 group samples and 5 separate samples were taken from producer No. 3; one group sample gave a positive result, and the case was still proceeding at the end of the year. 4 group samples and 1 sample from a separate cow were taken from the other producer, and these gave negative results; however, a cow had been slaughtered between the taking of the bulk and group samples, and the carcass was condemned for generalised tuberculosis.

The group and separate samples were taken from 111 City cows, 1 of which was proved to be tuberculous (0.9 per cent.).

2 samples of dripping were also taken for examination by animal inoculation for the presence of tubercle bacilli, and certified as negative.

THE MILK AND DAIRIES (CONSOLIDATION) ACT, 1915, AND THE MILK AND DAIRIES (AMENDMENT) ACT, 1922.

1 retail purveyor of milk was fined 2/6d. for not having his name and address properly inscribed upon his can.

(b) **Meat and other Foods.**

Frequent inspections of retail butchers' shops and market stalls are made by the Inspectors. All meat found to be diseased and unfit for food is collected and disposed of at the Harford Refuse Tip by burial in quicklime. The tables on pages 60-63 show the quantity of meat which has been destroyed as being unfit for human food.

CARCASES, PARTS OF CARCASES AND ORGANS EXAMINED, CONDEMNED AND
DESTROYED FOR DISEASES OTHER THAN TUBERCULOSIS.

Kind of Animal.	Disease or Condition.	Whole Carcases and Offals.	Diaphragms.	Hearts.	Heads.	Kidneys.	Livers.	Lungs.	Mesenteric Fats.	Meat, lbs.	Spleens.	Stomachs.	Tongues.	Omenta.	Udders.
Oxen	Abscesses	—	7	1	8	2	180	14	—	24	1	—	8	—	—
	Actinomycosis	—	—	—	181	—	—	2	—	—	—	—	184	—	—
	Angiomatosis	—	—	—	—	—	13	—	—	—	—	—	—	—	—
	Bruising ...	—	—	—	—	—	48	—	—	90	—	—	—	—	—
	Cirrhosis ...	—	—	—	—	—	—	—	—	—	3	—	—	—	—
	Congestion	—	1	—	—	—	—	2	—	—	—	—	—	—	—
	Cystic ...	—	—	—	—	14	4	—	—	—	—	—	—	—	—
	Decomposition	—	1	—	—	1	25	2	—	862	—	—	—	—	—
	Distomatosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Echinococcus	—	—	1	1	6	—	—	—	—	—	—	1	—	—
	Fatty Degeneration	—	—	—	—	—	1	—	—	—	—	—	—	—	—
	Fatty Infiltration	—	—	—	—	—	1	—	—	—	—	—	1	—	—
	Glossitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Hæmorrhage	—	—	—	—	1	—	—	—	—	—	—	—	—	—
	Infarcts ...	—	—	—	—	27	—	7	—	—	9	—	—	1	2
	Inflammation	—	6	3	—	—	—	—	—	—	—	—	—	—	—
	Injury ...	—	—	—	1	—	—	—	—	—	—	—	—	—	—
	Jaundice ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	Necrosis ...	—	—	—	—	6	5	—	—	—	—	—	—	—	—
	Neoplasm	—	—	—	1	—	2	1	—	—	—	—	—	—	—
	Nephritis ...	—	—	—	—	17	—	—	—	—	—	—	1	—	—
	Oedema	1	—	—	—	—	—	—	—	—	—	—	—	—	—

CARCASES, PARTS OF CARCASES AND ORGANS EXAMINED, CONDEMNED AND DESTROYED FOR DISEASES OTHER THAN TUBERCULOSIS—continued.

Kind of Animal.	Disease or Condition.	Whole Carcases and Offals.	Dia-phragms.	Hearts.	Heads.	Kidneys.	Livers.	Lungs.	Mesenteric Fats.	Meat, lbs.	Spleens.	Stomachs.	Tongues.	Omenta.	Udders.
Pigs	<i>Brought forward</i> ...	13	18	18	201	82	447	162	28	693	14	—	206	2	2
	Fevered ...	4	—	—	—	—	—	—	—	32	—	—	—	—	—
	Fibrosis ...	—	—	2	—	—	34	2	—	—	—	—	—	—	—
	Hæmorrhage ...	—	—	—	—	2	—	—	—	—	—	—	—	—	—
	Injury ...	—	—	—	1	—	—	—	—	—	—	—	—	—	—
	Infarcts ...	—	—	—	—	2	—	—	—	—	—	—	—	—	—
	Inflammation ...	—	—	11	—	—	8	—	1	—	—	—	—	—	—
	Jaundice ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	Necrosis ...	—	—	—	—	—	22	—	—	—	—	—	1	—	—
	Neoplasms ...	—	—	—	1	—	—	—	—	—	—	—	—	—	—
	Nephritis ...	—	—	—	—	2	—	—	—	—	—	—	—	—	—
	Œdema ...	1	—	—	—	—	—	—	—	10	—	—	—	—	—
	Pericarditis ...	—	—	18	—	—	—	—	—	—	—	—	—	—	—
	Peritonitis ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	Pleurisy ...	1	—	—	—	—	—	32	—	—	—	—	—	—	—
	Pneumonia ...	—	—	—	—	—	—	92	—	—	—	—	—	—	—
	Septicæmia ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	Swine Erysipelas ...	3	—	1	—	—	—	—	—	72	—	—	—	—	—
	Uræmia ...	3	—	—	—	—	—	—	—	—	—	—	—	—	—
	Urticaria ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals		29	18	50	203	88	511	288	29	807	14	—	207	2	2

CARCASES, PARTS OF CARCASSES AND ORGANS EXAMINED, CONDEMNED AND DESTROYED FOR TUBERCULOSIS.

Kind of Animal.	Whole Carcases and Offals.	Dia- phragms.	Hearts.	Heads.	Kidneys.	Livers.	Lungs.	Mesen- teric Fats.	Meat, lbs.	Spleens.	Stomachs.	Tongues.	Omenta.	Udders.
Oxen	51	12	13	337	8	167	551	375	762	7	—	337	1	4
Calves	—	—	1	1	—	—	1	—	—	—	—	1	—	—
Sheep	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pigs	28	—	93	441	—	132	132	532	105	1	—	441	—	—
Totals	79	12	107	779	8	299	684	907	867	8	—	779	1	4

SUMMARY.

Tuberculosis	...	...	79	12	107	779	8	299	684	907	867	8	—	779	1	4
Other Diseases	...	...	29	18	50	203	88	511	288	29	807	14	—	207	2	2
Totals	...	...	108	30	157	982	96	810	972	936	1674	22	—	986	3	6

OTHER FOODS EXAMINED, CONDEMNED AND DESTROYED, AS BEING UNSOUND AND UNFIT FOR HUMAN CONSUMPTION.

FISH :—

245 $\frac{3}{4}$ stones of various kinds	25	peds of crabs.
of fish, roes, etc.	1	bag of mussels.
36 pecks of shrimps.	1	bag of cockles.

TINNED FISH :—

8 tins of prawns.

OTHER ARTICLES :—

12 stones of bacon.	12	pounds of corned beef.
14 pounds of ham.	6	tins of lambs' livers.
39 chickens.	8	pounds of apples.
13 rabbits.	40	pounds of pears.
8 ducks.	12	trays of greengages.
42 pounds of brawn.	24	oranges.

SLAUGHTER-HOUSES.

		In 1920.		In Dec., 1935.		In Dec., 1936.
Registered	...	13	...	10	...	10
Licensed	...	18	...	16	...	16
		<hr/> 31		<hr/> 26		<hr/> 26

The following table shows the approximate number of killings in the slaughter-houses, and the number of carcasses inspected during the year :—

			Approx. No. of killings.		No. inspected.
Cattle (other than Cows)	...		7,700	...	5,070
Cows	...	...	625	...	386
Calves	...	...	775	...	197
Sheep and Lambs	...	...	16,550	...	7,354
Pigs	...	...	33,350	...	16,792
Totals	...	...	<hr/>59,000		<hr/> 29,799

5824 visits have been paid to slaughter-houses; they are visited as far as practicable on killing dates.

No proceedings were taken against butchers under Section 116 of the Public Health Act, 1875, but a letter of warning was sent to one butcher.

SLAUGHTER OF ANIMALS ACT, 1933.

13 slaughtermen were granted licences to slaughter or stun animals in a slaughter-house or knacker's yard under the Slaughter of Animals Act, 1933, making a total of 125 registered slaughtermen on 31st December, 1936.

MARKETS.

The Fish Market has been visited and inspected frequently.

The Inspectors are on duty on market days at varying times for the purpose of inspecting the meat, poultry, fish, fruit, vegetables, and other foods, etc., exposed for sale at the Provision Market. On occasions it has been found necessary to deal with various articles of food which were unfit for human consumption.

MERCHANDISE MARKS ACT, 1926.

Proceedings were instituted in eight cases for contraventions of Orders made under the above Act, and fines varying from 2/6d. to 10/- were inflicted in each case.

BAKEHOUSES.

Number of Bakehouses on Register	...	111
Visits paid to Bakehouses	... ...	809

Cleansing and limewashing have been carried out during the months of April and October, and the premises have been found to be kept in as reasonably a satisfactory condition as there are powers to enforce. During the past year some of the bakehouses have been improved by the provision of sinks, and proper accommodation for the storage of fuel, whilst minor repairs have been carried out in other places. Improvements are still being proceeded with, but many are structurally unsatisfactory, being old, dark and full of corners. The attention of the occupiers has, on many occasions, been drawn to the dirty state of the premises, and improvement is also being shown in this direction.

MARGARINE.

The necessary inspections have been made of premises to see if margarine was sold, and, where such was the case, to see that the requirements of the Food and Drugs (Adulteration) Act, 1928, relating to margarine, were carried out.

(c) **Adulteration.**

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

During the year, 311 samples of food and drugs were submitted for analysis. This number is inclusive of 69 samples which were taken informally. Details of the samples taken are shown in the tables on pages 70-71.

In addition to these, 439 samples of milk were tested informally by the Gerber process; 16 were not up to standard, and subsequent formal samples were submitted to the Public Analyst for analysis, 8 of which were certified "Genuine".

30 samples of milk were taken on Sundays.

The following actions were taken against vendors.

Case. No.	Article.	Offence.	Fine.	Costs.	Other Action.
1	Milk ...	7% Deficient in milk fat	—	—	Dismissed.
2	„ ...	8% Do.	40/-	15/-	—
3	„ ...	1% Do.	—	—	Cautioned.
4	„ ...	9% Do.	—	—	Dismissed.
5	Non-alcoholic Wine	634 parts per million— Benzoic acid	20/-	—	—
6	„ ...	633 Do.	20/-	—	—
7	Milk ...	14% Deficient in milk fat	—	—	Dismissed.
8	„ ...	3% Do.	—	—	Cautioned.
9	„ ...	8% Do.	—	—	Dismissed.
10	„ ...	1% Do.	—	—	Cautioned.
11	„ ...	2% Do.	—	—	Cautioned.
12*	„ ...	5% Do.	—	—	Cautioned.
13*	„ ...	8% Do.			
14*	„ ...	13% Do.			
15*	„ ...	15% Do.			
16†	„ ...	23% Do.	—	—	Cautioned.
17†	„ ...	10% Do.			
18	„ ...	23% Do.	—	—	Dismissed.
19	„ ...	10.6% Added water	—	—	Withdrawn.
20	„ ...	10.6% Added water and 33% deficient in milk fat	—	—	Withdrawn.
21	„ ...	5.25% Added water	—	—	Withdrawn.
22	„ ...	5.5% Added water and 9% deficient in milk fat	—	—	Withdrawn.

Case. No.	Article.	Offence.	Fine.	Costs.	Other Action.
23§	„	... 3% Deficient in milk fat	—	—	Dismissed on payment of costs.
24§	„	... 5% Deficient in milk fat and 5.4% added water			
25§	„	... 17% Deficient in milk fat			
26§	„	... 16% Do. ...			
27§	„	... 15% Do. ...			
28	„	... 10% Do. ...	—	—	Dismissed.
29	„	... 5% Do. ...	—	—	Cautioned.
30	„	... 10% Do. ...	—	—	Dismissed.
31	„	... 2% Do. ...	—	—	Cautioned.
32	„	... 11% Do. ...	—	—	Dismissed.
33	Iodine Ointment	100% Deficient in Iodine and 65% deficient in Potassium Iodine	2/6	15/-	—
34	Cream	... 21.45% Deficient in milk fat	—	—	Cautioned.
35	Milk	... 3% Deficient in milk fat	—	—	Cautioned.
36	Non- alcoholic Wine	610 parts per million— Benzoic acid	—	—	Cautioned.
37	Ice Cream	4.3% Deficient in milk fat	—	—	No action.
38	Milk	... 6% Do. ...	—	—	Dismissed.
39	„	... 5% Do. ...	—	—	Dismissed.

*Taken in course of delivery.

†Appeal to cow *re* Nos. 12-15.

§Taken in course of delivery *re* Nos. 19-22.

It will be noted that although proceedings were instituted in 20 milk cases, varying from 3 per cent. deficiency in milk fat to 33 per cent. deficiency in milk fat and 10.6 per cent. added water, there was only one conviction. It is highly desirable that the law relating to this matter should be revised, as it acts unfairly on a man who buys mixed milk. He cannot take advantage of the present loophole in the law by pleading that the milk was sold as it came from the cow, as do his more fortunate fellow milkmen.

THE PUBLIC HEALTH (DRIED MILK) REGULATIONS, AND THE PUBLIC HEALTH (CONDENSED MILK) REGULATIONS, 1923 and 1927.

5 informal samples were taken under these regulations, and certified "Genuine".

ARTIFICIAL CREAM ACT, 1929.

1 application was granted for registration of premises in the City where Artificial Cream is manufactured, sold, or exposed or kept for sale for human consumption. There are now 4 such premises registered with the Local Authority.

NORWICH CORPORATION ACT, 1933. (Section 67.)

(Registration of ice-cream and preserved meat manufacturers and premises.)

Instructions with regard to the lighting, ventilation and cleanliness of the premises, the provision of washing accommodation, the cleanliness of utensils and persons employed in these trades have been issued to every applicant for registration. The making or storage of ice-cream in a common courtyard is prohibited.

The undermentioned applications for registration have been dealt with:—

	1935.	Granted 1936.	Total.	With- drawn, 1936.	Remain- ing on Register.
Ice-cream ...	126	53	179	—	179
Preserved Meat	163	25	188	8	180

Registration was not granted until the necessary alterations had been made to make the premises comply with the requirements of the Health Committee.

One person was fined £1 for manufacturing ice-cream on un-registered premises.

THE PUBLIC HEALTH (PRESERVATIVES, ETC., IN FOOD) REGULATIONS, 1925—1927.

Most of the samples taken were also submitted for analysis under these regulations during the year. 3 formal samples were found to contain preservatives in excess, and the particulars are shown in the table under "Food and Drugs (Adulteration) Act, 1928".

Two firms were cautioned for selling sausages which contained preservatives and which were not labelled, or a notice displayed, in accordance with the Regulations.

(d) Chemical and Bacteriological Examination of Food.

The Chemical examination of food is carried out by the City Analyst (see pages 70-71). Bacterial counts in milk were carried out by the Clinical Research Association and the Lister Institute, and the testing of milk for Tubercle Bacilli has been done by the Lister Institute and the Institute of Animal Pathology, Cam-

bridge. Water is analysed chemically and bacteriologically by the City Analyst. Laboratory arrangements are referred to on page 20.

(e) **Nutrition—Dissemination of Knowledge.**

No special arrangements for the dissemination of knowledge on nutrition have been made. Advice is given to parents when they attend at the school clinics, school medical inspections and infant welfare centres and to mothers attending the ante-natal clinics. "Health Suggestions for Teachers", which includes instructions on the question of diet, are issued to the schools.

(f) **Shell-fish (Molluscan).**

There are no shell-fish layings in Norwich; therefore, the Public Health (Shell-fish) Regulations, 1934, or the Public Health (Cleansing of Shell-fish) Act, 1922, do not apply.

CHEMICAL EXAMINATION OF FOOD.

Article.	Samples taken.		Samples genuine.		Samples adulterated.	
	Formal.	Informal.	Formal.	Informal.	Formal.	Informal.
Apples (Dried) ...	—	1	—	1	—	—
Apricots (Dried) ...	1	—	1	—	—	—
Baking Powder ...	—	2	—	2	—	—
Brandy ...	1	—	1	—	—	—
Bread ...	—	8	—	8	—	—
Butter ...	8	1	3	1	—	—
Cheese ...	1	—	1	—	—	—
Cherries (Glacé) ...	—	1	—	1	—	—
Chicken Broth Cubes ...	—	1	—	1	—	—
Cocoa ...	1	1	1	1	—	—
Coffee and Chicory ...	1	—	1	—	—	—
Cornflour ...	—	2	—	2	—	—
Cream ...	4	1	3	1	1	—
Cream (Artificial) ...	1	—	1	—	—	—
Currants ...	1	—	1	—	—	—
Dripping ...	—	8	—	8	—	—
Flour ...	1	1	1	1	—	—
Gelatine ...	—	1	—	1	—	—
Ice Cream ...	4	1	3	1	1	—
Iodine Ointment ...	1	1	—	—	1	1
Jam ...	—	3	—	3	—	—
Jellies ...	—	1	—	1	—	—
Lemon Barley Water ...	1	—	1	—	—	—
Luncheon Sausage ...	—	2	—	2	—	—
Margarine ...	—	1	—	1	—	—
Carried forward ...	21	37	18	36	3	1

CHEMICAL EXAMINATION OF FOOD—continued.

Article.	Samples taken.		Samples genuine.		Samples adulterated.	
	Formal.	Informal.	Formal.	Informal.	Formal.	Informal.
<i>Brought forward</i>	21	37	18	36	3	1
Meat Pies	2	1	2	1	—	—
Milk	198	1	165	1	83	—
Milk (Condensed)	—	3	—	3	—	—
Milk (Dried)	—	2	—	2	—	—
Milk (Separated)	1	—	1	—	—	—
Mint (Dried)	—	1	—	1	—	—
Paste (Salmon and Shrimp)	—	1	—	1	—	—
Peas (Tinned)	1	—	1	—	—	—
Potato Chips (Uncooked)	1	—	1	—	—	—
Potted Meat	1	1	1	1	—	—
Rhubarb (Tincture of)	—	1	—	1	—	—
Rum	1	—	1	—	—	—
Salt	—	1	—	1	—	—
Sauce	—	2	—	2	—	—
Sausages	2	12	2	12	—	—
Steak and Kidney Pie	—	1	—	1	—	—
Sugar (Demarara)	1	—	1	—	—	—
Sugar (Preserving)	—	1	—	1	—	—
Sultanas	1	—	1	—	—	—
Sweets	2	2	2	2	—	—
Tea	1	—	1	—	—	—
Whisky	—	1	—	1	—	—
White Iodised Cream	—	1	—	1	—	—
Wine (Non-alcoholic)	9	—	6	—	3	—
Totals	242	69	203	68	39	1

MATERNITY AND CHILD
WELFARE

MIDWIFERY, MATERNITY AND CHILD WELFARE SERVICES.

(a) **Midwives.** The Local Authority has in its service at the Maternity Home a Matron and 6 trained midwives, working in the Ward or on the District; and occasionally pays other midwives for temporary assistance. The number of midwives practising in the City on the 31st December was 37, including 6 midwives who reside outside the area but who occasionally practise within the area.

The midwives in the City attended 1123 confinements in the capacity of midwives and 383 confinements as maternity nurses, including still-births, during the year.

Medical aid has been required by midwives, including those at the Maternity Home, on 439 occasions for 396 mothers and on 66 occasions for 66 babies, the medical fees being paid in whole or in part by the Corporation in 116 cases.

(b) **The City of Norwich Maternity Home**, from which District cases are also attended, has 15 beds, an Isolation bed and 2 Labour Wards, a babies' nursery with a balcony, and a babies' bathroom. The administrative supervision of the Home and District is carried out by one of the Assistant Medical Officers of the Public Health Department. A consultant surgeon and a consultant obstetrician can be called in for cases of difficult labour, etc.

The permanent staff consists of a Matron, Sister and 5 midwives and the maximum number of pupils to receive training at any one time is 5. The district staff is kept distinct from the internal staff. The Home is recognised by the Minister of Health for the purposes of grant in aid of the training of midwives, and at the end of the year 3 pupils were undergoing training in midwifery.

7 pupils who received training at the Home passed the examination of the Central Midwives Board in 1936.

During the year, 345 women were confined in the Home and 260 were attended on the District, a total of 605 confinements. In 14 home cases and 59 district cases, Doctors had been engaged by the patients. In accordance with the instructions of the Committee, 18 other cases were transferred to private nursing homes owing to all the beds in the Home being occupied at that time.

340 live births (including 3 sets of twins) occurred in the Home and 254 on the District—a total of 594, or 36.3 per cent. of the City live births registered. With the 67 live births at the

Infirmary added to this, the Council's staff attended to 40.4 per cent. of the total City live births registered.

There were 8 still-births in the Home and 4 still-births and 2 miscarriages on the District. 6 children died in the Home within 10 days of birth.

No case of Puerperal Fever occurred. 3 cases of Puerperal Pyrexia were notified, 1 from the Home and 2 on the District. All the cases were admitted to the Isolation Hospital. One of these District cases was admitted to the Isolation Hospital as a nursing mother, to accompany her baby suffering from Ophthalmia Neonatorum, and developed Puerperal Pyrexia after admission due to Salpingitis.

In addition, 1 case who had been transferred to a private nursing home, owing to all the beds at the Maternity Home being occupied, developed Puerperal Pyrexia. This case was removed to the Isolation Hospital.

There was no death. The final diagnosis of the Home case was Mastitis. The diagnoses of the District cases were:— Retained Products, 1; Right-sided Salpingitis, 1. The final diagnosis of the case which was delivered in the private nursing home was Cervicitis.

The growth of the work at the Maternity Home is illustrated by the following figures, which show the numbers of cases dealt with:—

		1930	1931	1932	1933	1934	1935	1936
In the Home	...	308	302	330	319	350	360	345
On the District	...	245	269	231	276	298	229	260
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Totals	...	553	571	561	595	648	589	605
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Allowing 13 days per case, the 345 confinements represent the occupation of approximately 82% of the total capacity of 15 beds.

Further cases applied for admission to the Home but had to be refused owing to lack of accommodation. The ante-natal Clinics are held at the Maternity Home and are referred to on page 76.

(c) **Public Assistance Institution.** At the Public Assistance Institution 5 beds are provided for Maternity cases. 71 cases were admitted during the year, and the average duration of stay was 20.9 days.

There were one set of twins and 5 still-births. 4 children died within 10 days of birth, one of whom was not born in the Institution. 2 cases of Puerperal Fever and 4 cases of Puerperal

Pyrexia were notified. One case of Puerperal Fever died. The final diagnoses of the cases of Puerperal Pyrexia were:—Mild Local Septic Infection, 3; Local Septic Infection of Perineal Tear, 1.

(d) **Ante-Natal Clinics**, with a Medical Officer in attendance, are held at the Maternity Home on Monday mornings and Monday, Tuesday and Friday afternoons. 682 mothers, representing an equivalent of 40.3 per cent. of the total number of registered City births (including still-births), attended the clinics during the year; these made 3455 attendances, the average attendance per session being 18; the average attendance in 1935 was 22.4.

The following table shows the results of the examinations of Blood Specimens which have been sent through the Ante-Natal Clinics to the Norfolk and Norwich Hospital for Wasserman Test:—

Year.	Positive.	Doubtful.	Negative.	Total.
1930	5	0	13	18
1931	3	0	13	16
1932	6	4	23	33
1933	5	3	18	26
1934	5	5	22	32
1935	8	1	52	61
1936	11	4	78	93

Smears for examination for gonococcal infection are examined in the Ante-Natal Department.

Some midwives in the City are in the habit of bringing difficult cases to the Ante-Natal Clinics for assistance from the Medical Officer in charge. 16 cases were referred to the Ante-Natal Clinic by general practitioners and 44 by midwives. This is a very desirable improvement and it is hoped that the practice will spread.

(e) **Post-Natal Clinics.** The Committee decided to establish a Post-Natal Clinic at the Maternity Home, and this was held for the first time on 4th December. Previous to the opening of this Clinic, a few mothers had been seen post-natally at the Ante-Natal Clinics. A total of 48 mothers were seen post-natally during the year at the Clinics at the Maternity Home. Ante-Natal and Post-Natal Clinics are also held at the Norfolk and Norwich Hospital weekly, at which City and County persons, booked for admission to, or discharged from, the Maternity Ward at that Institution, attend. The secretary of the Hospital states that 81 City persons made 196 attendances at the Clinics and 113 County persons made 237 attendances during the year.

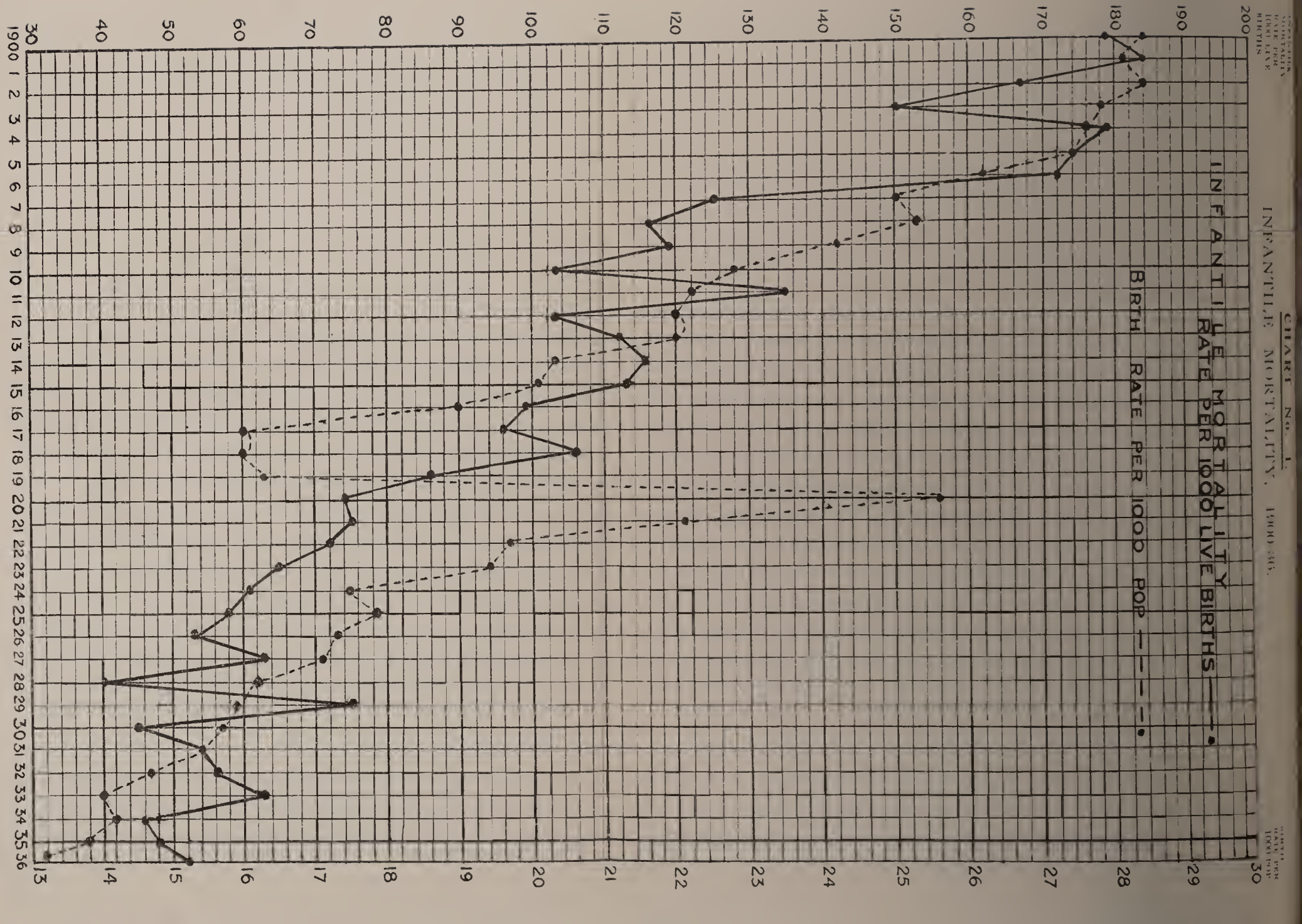
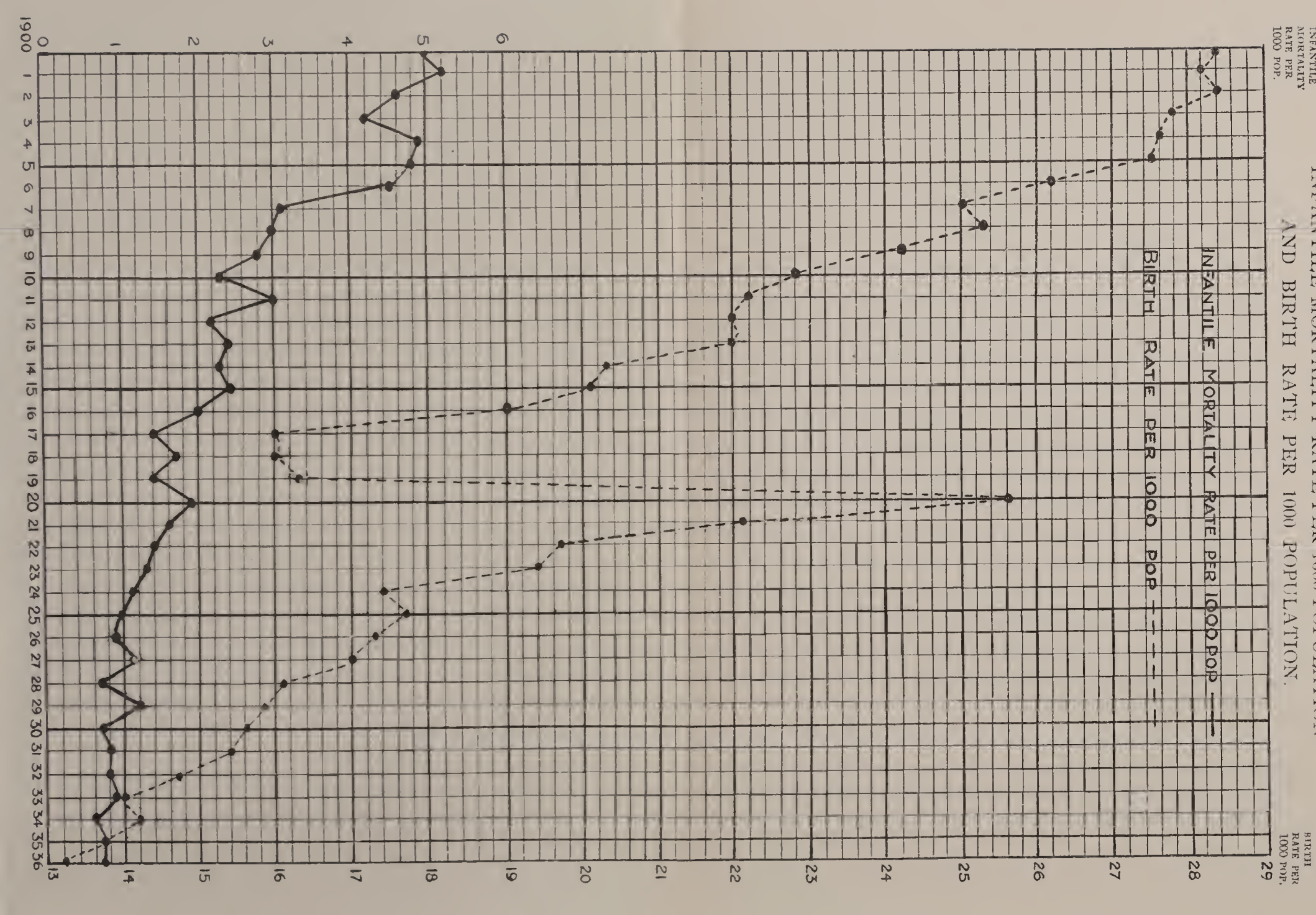


CHART NO. 2.
INFANTILE MORTALITY RATE PER 1000 POPULATION
AND BIRTH RATE PER 1000 POPULATION.



(f) **Infant Welfare Centres.** No additional centre was opened during the year, but the number of persons attending the Infant Welfare Centre held at St. Barnabas Parish Hall increased to such an extent that an additional session per week at this Centre became necessary. The Health Visiting staff which was available did not permit increasing the weekly number of Infant Welfare sessions, so to overcome the difficulty the Maternity and Child Welfare Committee decided to reduce from two to one each week the sessions held at Martineau Hall, at which Centre there had been a falling off in the attendance, owing to the transference of the population of the district to another part of the City in the process of slum-clearance, at the same time revising the boundaries of the districts served by the Centres at St. Barnabas Parish Hall, Martineau Hall, Eaton Parish Hall and the Methodist Hall, Southwell Road. To deal with the question of overcrowding at St. Catherine's Centre, the Maternity and Child Welfare Committee was still considering the question of providing an additional Centre in the Mile Cross—Catton Grove area.

The average attendance of children per session at all the Centres was 62.0, compared with 66.1 for the previous year. 9960 attendances were made by children under one year; 6310 by children between 1 and 2 years; and 15,493 by children between 2 and 5 years—a total of 31,763. 1279 children were brought to the Centres for the first time during the year, 971 being under 1 year of age. Children were seen by the Medical Officers in charge on 27,127 occasions, an average of 53 per session. 4114 children attended the Centres during the year, their ages at the end of the year being:—under 1 year of age, 841; between the ages of 1 and 5 years, 3273.

The infantile mortality rate (51.95) has again had a slight rise, there being 85 infant deaths in 1936 as compared with 83 in 1935. Owing to the decreased birth rate, this produces a disproportionate increase in the rate. In fact, the difference in actual figures is more than accounted for by the fact that 1936 was both a measles and a whooping cough year, as can be seen by reference to the table on Infectious Diseases in the Schools. There were 4 deaths from whooping cough and 2 from measles in 1936 and none from either of those diseases in 1935. The most striking feature in the 1936 infantile mortality is the fact that there were 5 deaths under one year from tuberculosis. All of them had tuberculous meningitis, but 2 had, in addition, pulmonary tuberculosis, in each case verified post-mortem; they were aged 7 months and 10 months respectively. In 2 cases there was close direct contact with a proved open case of pulmonary tuberculosis.

1 proved case was known beforehand, but the other was discovered afterwards. 2 cases were breast-fed, including 1 of the contact cases, but the mother was not the known source of infection in that case; 1 was fed on a dried milk; and in 2 cases the feeding was cow's milk, so far as our information goes. In 1 of the cow's milk cases, the child had been vaccinated about 6 weeks before death. The neo-natal deaths retain their usual preponderance and there has been a slight increase in the number of still-births, as the tables on pages 85—86 show. The number of still-births and neo-natal deaths imply the necessity for improving the general living conditions of the parents, particularly, perhaps, of the mother.

ISSUE OF FRESH MILK AND DRIED FOODS TO MOTHERS AND CHILDREN.

Grade "A" or Accredited Milk has been supplied to expectant mothers at any time during ascertained pregnancy.

During the year, 536,943 pints of milk were distributed—452,054 pints to children under 5 years (412 new cases), 31,389 to expectant mothers (351 new cases), and 53,500 to nursing mothers (184 new cases).

The monthly issue of milk during the last 7 years is of interest:—

	1930	1931	1932	1933	1934	1935	1936
Jan.	7,545	16,115	21,522	33,150	39,329	42,477	47,463
Feb.	7,916	15,164	19,184	31,735	37,866	39,651	46,552
March	9,192	16,614	20,727	37,579	41,017	44,472	46,174
April	8,595	16,887	22,393	35,824	40,658	37,480	46,299
May	10,294	16,207	21,589	34,700	38,971	41,860	46,734
June	9,321	14,745	23,972	33,960	40,782	41,689	39,323
July and							
Aug.	19,981	31,354	50,224	71,721	78,298	81,119	88,607
Sept.	10,648	14,772	26,121	36,159	40,277	40,874	41,194
Oct.	12,151	17,254	27,984	34,981	38,654	43,484	44,934
Nov.	12,616	16,851	29,691	38,356	39,383	43,422	43,041
Dec.	13,409	17,832	32,297	38,086	41,382	42,695	46,622
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	121,668	193,795	295,704	426,251	476,617	499,223	536,943
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Dried foods are also issued, the following table showing the distribution during the last 7 years:—

	Packets given free.	Packets sold at "Cost."	Packets sold at $\frac{1}{2}$ "Cost."	Total.
1930	1,326	454	158	1,938
1931	900	671	36	1,607
1932	1,948	516	98	2,562
1933	1,519	314	50	1,883
1934	1,647	566	85	2,298
1935	1,523	305	6	1,834
1936	1,741	585	47	2,373

The following figures show the quantities of fresh milk and dried food which have been issued *free of cost* to mothers and children during the last 7 years. In comparing the figures, it is well to bear in mind that one packet of dried food corresponds to approximately $5\frac{3}{4}$ pints of milk.

FRESH MILK (PINTS).					DRIED FOOD.
	Mothers.	Children.	Total.		
1930	... 45,529	76,139	121,668	1,326	packets
1931	... 54,620	139,175	193,795	900	„
1932	... 77,500	218,204	295,704	1,948	„
1933	... 90,221	336,030	426,251	1,519	„
1934	... 89,641	386,976	476,617	1,647	„
1935	... 79,664	419,559	499,223	1,523	„
1936	... 84,889	452,054	536,943	1,741	„

In addition to the above, the undermentioned foods were distributed from the Infant Welfare Centres on the recommendation of the Medical Officers:—

	Free.	Half Cost.	Full Cost.	Total.
Virol (1-lb. jars) ...	5,771	239	633	6,643
Malt and Oil (1-lb. jars)	10,777	122	597	11,496
Lactagol (tins) ...	1,512	82	179	1,773
Virolax (7-oz. tins) ...	410	16	94	520

Dental Treatment, etc.

Nursing and expectant mothers and children under 5 years of age deemed by the Medical Officers of the Clinics to need dental treatment, and the Tuberculosis patients, are supposed to be treated at the School Dental Clinic at Churchman House on

Saturday mornings, but the numbers requiring treatment have so increased that it has not been possible for the Dental Officers to cope with them in one session. The table on pages 150—151 shows the work which has been done in this direction during the last 9 years.

In 65 of the cases in which dental mechanical work was provided, the Committee felt justified in asking the mothers to contribute towards the cost.

Children seen at the Infant Welfare Clinics suspected to be suffering from defective vision are referred to the School Eye Clinics at Churchman House. During the year, 40 cases were referred; glasses were recommended for 18 children, and these were obtained through the contractors to the Education Authority. In 8 cases the Committee considered that the parents were able to pay for the glasses.

Children under school age suffering from ringworm of the scalp are treated at the Ringworm Clinic at Churchman House, where X-ray treatment of this disease is carried out by Dr. Levack, D.M.R.E., assisted by 1 of the School Nurses. Children under 5 years of age with ringworm are rarely treated by X-rays, as they will not keep still. No child was treated during 1936.

Some children under school age have attended at the Minor Ailments Clinics which are held at Churchman House. 136 of these children were brought to the Clinics, of whom 22 were found to have defects which required treatment.

Mr. N. S. Carruthers, F.R.C.S. (Ed.), or Mr. R. A. Highmoor, F.R.C.S. (Ed.), have examined children at the office of the Public Health Department, and on their recommendations the treatment of discharging ears in children is carried out, the Maternity and Child Welfare Committee co-operating with the Education Committee. The treatment of school children is carried out daily in the schools by one of the Council's Health Visitors (Saturdays and Sundays excepted), but the treatment of all known cases of children under 5 years of age with discharging ears is carried out at their homes by Cavell Nurses.

During the year, 35 children under school age (12 new cases) were examined by the Specialists, of whom 17 cases (11 new cases) received treatment.

Surgical appliances are provided for children under 5 years of age who attend no school, the cost being borne, wholly or in part, by the Council, where the financial circumstances justify such a course. 1 child was provided with an appliance, and the Committee deemed that the parents were not in a position to contribute towards the cost.

INFANT WELFARE CENTRES.

Name of Centre.	When Held.	No. of Sessions.	No. of New Cases Attended.	Total No. of Cases Attended.	Total Attendants seen by Medical Officers.		No. of Attendances.		Average Attendances per Case.
					Total.	Average per Session.	Total.	Average per Session.	
Martineau Hall, Colegate.	Tuesday p.m.	52	125	658	2591	50	2927	56	7.2
	Friday p.m. (Until Oct. 16th)	41	59		1648	40	1799	44	
The Methodist Hall, Southwell Road. (2 Medical Officers)	Monday p.m.	49	154	569	3981	81	4567	93	8.0
	Tuesday a.m. Friday p.m. (From Oct. 23rd)	52 9	191 17	539	3218 379	62 42	4567 421	87 47	
St. Julian's Parish Hall, Thorn Lane.	Wednesday a.m.	53	95	286	2422	46	2732	52	9.6
Thorpe Hamlet.	Wednesday p.m.	53	128	434	2608	49	3052	58	7.0
Catton Church Room, Magdalen Road.	Thursday a.m.	52	177	473	2605	50	3304	64	7.0
Eaton Parish Room, Colman Road.	Thursday p.m.	52	120	374	2580	50	2937	56	7.9
St. Catherine's Parish Hall, Aylsham Road.	Monday a.m.	49	103	781	2537	52	2689	55	7.0
	Friday a.m.	50	110		2563	51	2768	55	

INSTITUTIONAL PROVISION FOR MOTHERS OR CHILDREN.

In addition to the mothers' accommodation at the Maternity Home (see page 74), mothers and children are accommodated at the Public Assistance Institution and children at the Children's Homes.

HEALTH VISITORS.

The Health Visitors, who also act as School Nurses, carry out routine visiting of infants unless there is reason to think this procedure is not required. The newly-born are visited as soon as possible after the doctor or midwife leaves, and then at fairly frequent intervals until the child attains the age of 5 years, advice being given to the mothers and efforts being made to persuade them to attend the appropriate Infant Welfare Centre. Some parents send their children to school before they become five; in these cases the supervision of the child is controlled by the machinery of the School Medical Service.

During the year the Health Visitors paid 351 visits to expectant mothers, 8435 visits to children under 1 year—1404 of these being first visits, and 11,719 to children between 1 and 5 years of age. The total number of visits paid by the Inspector of Midwives, Tuberculosis Visitor, and Health Visitors and School Nurses during the year was 27,184.

INFANT LIFE PROTECTION.

The duties of the Local Authority with regard to infant life protection are discharged by the Maternity and Child Welfare Committee.

The age under which the reception of children for reward must be notified to the Authority is 9 years. 9 new persons were registered for the reception of children and 2 persons were removed from the register, the total number of registered persons at the end of the year being 84, with 30 of whom children were boarded out.

18 new children were boarded out during the year. 5 children were adopted, 7 children went to live with their parents or relatives, 1 removed to another area (the Authority being notified), 1 was admitted to an Institution, 5 ceased to come under the provisions of the Act by attaining the age of 9 years, and in 1 case the payments ceased. The total number of children under supervision at the end of the year was 36.

The Infant Life Protection Visitor paid 285 visits for the purpose of inspecting homes and children, and conducted 39 special investigations, i.e., *re* maintenance, cases of neglect, etc.

STILL-BIRTHS.

For the purpose of the Births and Deaths Registration Act, 1926, the definition of still-birth is as follows:—

“ ‘Still-born’ and ‘still-birth’ shall apply to any child which has issued forth from its mother after the twenty-eighth week of pregnancy and which did not at any time after being completely expelled from its mother, breathe or show any other signs of life.”

The following table shows the number of still-births, legitimate and illegitimate, registered in the City, and the numbers occurring in cases attended at or from the Maternity Home:—

Year.							Cases attended at or from the Maternity Home.		
	No. of still-births registered.	% of total City births registered.	Legitimate still-births.	% of total City legitimate births.	Illegitimate still-births.	% of total City illegitimate births.	No. of confinements attended.	No. of still-births.	% of total confinements attended.
1929	98	4.7	91	4.59	7	6.60	515	20	3.9
1930	83	4.04	79	4.06	4	3.64	553	9	1.6
1931	100	4.86	96	4.90	4	3.96	571	21	3.7
1932	65	3.36	61	3.33	4	4.00	561	15	2.6
1933	58	3.18	54	3.11	4	4.65	595	15	2.5
1934	58	3.14	53	3.0	5	6.41	648	18	2.8
1935	52	2.93	47	2.8	5	5.21	589	15	2.55
1936	58	3.42	53	3.32	5	5.15	605	12	1.98

In connection with the above, it is well to remember that the mothers attending the Municipal Home are, as a rule, not particularly well off, but can nearly always pay the required fee, and, on the other hand, that those cases recognised to be so abnormal as to require considerable interference are referred to the private doctor or hospital.

There were 5 still-births at the Infirmary, representing 6.9 per cent. of the total births in this Institution. The majority of the cases admitted were either abnormal or persons in very poor circumstances.

The following table shows the yearly total number of still-births and infant deaths (a) under 1 month, (b) under 1 year, registered in the City during the last 8 years:—

Year.	No. of still-births registered.	(a) No. of deaths under 1 month registered.	Total.	No. of still-births registered.	(b) No. of deaths under 1 year registered.	Total.	% of Total City births registered.
1929	98	60	158	98	149	247	11.8
1930	83	44	127	83	88	171	8.3
1931	100	65	165	100	107	207	10.0
1932	65	54	119	65	105	170	8.8
1933	58	50	108	58	111	169	9.3
1934	58	49	107	58	82	140	7.6
1935	52	45	97	52	83	135	7.6
1936	58	48	106	58	85	143	8.4

The still-births registered during 1936 were distributed amongst the Wards of the City as follows:—

Ward.	No. of Still-births.	Ward.	No. of Still-births.
Earlham ...	2	Town Close ...	3
Heigham ...	3	Lakenham ...	3
Hellesdon ...	3	Nelson ...	2
Catton ...	8	St. Stephen ...	2
Mousehold ...	3	Conesford ...	4
Westwick ...	2	Ber Street ...	3
Coslany ...	5	Occurring in County	
Fye Bridge ...	4	but transferred to	
Thorpe ...	4	the City... ..	2
Eaton ...	5		
			—
			58
			—

Owing to the extensive movement of the City population, resulting from the Corporation's housing activities, the different Wards are not, at present, comparable from year to year.

The following table shows the conditions associated with the still-births which were registered during 1935 and 1936 :—

	1935.	1936.
Albuminuria	2 ...	4
Albuminuria—toxic accidental hæmorrhage	1 ...	—
Anencephalic	2 ...	1
Ante-Partum Hæmorrhage (probably accidental) and Prolapse of Cord ...	1 ...	—
Accidental Shock	— ...	2
Ante-Partum Hæmorrhage	— ...	1
Asphyxia—cord round neck	— ...	1
Atelectasis	— ...	1
Breech Presentation	1 ...	2
Breech, with extended arms and legs ...	1 ...	1
Breech, Hydrocephaly and Spina Bifida ...	1 ...	—
Breech, with difficult labour	2 ...	—
Cord round neck	2 ...	—
Compression of Cord from Prolapse by head of other twin	1 ...	—
Cerebral Hæmorrhage	— ...	1
Disproportion in size of Pelvis and Fœtus...	1 ...	3
Delayed Labour	1 ...	2
Eclampsia	— ...	2
Hydramnios	1 ...	—
Hydrocephalus... ..	2 ...	3
Hæmorrhage and Placenta Prævia, Placenta Prævia	2 ...	5
Kidney Trouble (maternal)	1 ...	—
Knot in Cord	1 ...	—
Maternal Anæmia	— ...	1
Maternal Anæmia and Ante-Partum Hæmorrhage	— ...	1
Maternal Anæmia and Fœtal Congenital Deformities	— ...	1
Maternal Urinary Infection and Pylephlebitis	— ...	1
Malpresentation	— ...	3
Maternal Malnutrition and Toxæmia ...	— ...	1
Maternal Toxæmia and Malpresentation ...	— ...	1
Maternal Endocrine Disturbance... ..	— ...	1
Maternal Toxæmia and Ante-Partum Hæmorrhage	— ...	1
Prolapse of Cord	1 ...	—
Poor nutrition and general health (maternal)	1 ...	—
Pyelitis of Pregnancy	1 ...	1
Prematurity and inattention at birth ...	— ...	2

	1935.	1936.
Precipitate labour and inattention ...	—	1
Prematurity ...	—	1
Primary Uterine Inertia...	—	1
Shock...	2	—
Syphilis ...	1	1
Syphilis and Placenta Prævia ...	1	—
Transverse Presentation ...	2	—
Toxæmia of Pregnancy ...	1	3
Toxæmia aggravated by excitement and strain of labour ...	1	—
Macerated ...	5	—
Unknown, or information not obtainable ...	13	8
Totals ...	52	58

MATERNAL MORTALITY.

There were 9 maternal deaths during the year, but the Registrar-General records only 8—3 from puerperal sepsis and 5 from other puerperal causes. Based on 9 deaths, the maternal death rate is 5.5 per thousand live births, which is an increase compared with the rate for 1935. The following are the rates per thousand live births for the previous 5 years:—

1931.	1932.	1933.	1934.	1935.
2.55	2.14	3.40	6.15	2.32

The investigations for the Ministry of Health into maternal deaths have continued and the medical profession have kindly given me every assistance in their power. An Obstetrical Specialist has not been engaged for this purpose, the investigations being conducted by the Medical Officer of Health. Midwives have been urged to encourage their patients to see a doctor, ante-natally; in the case of women who are insured persons, by the Insurance practitioner; or, in the case of uninsured persons, by their own doctor or by the Medical Officer at the Ante-Natal Clinic. Arrangements have been made for a second opinion to be given in cases of Puerperal Fever and Puerperal Pyrexia, when required, by private practitioners. If necessary, cases of Puerperal Fever and Puerperal Pyrexia are removed to the Isolation Hospital. The examination of pathological material is carried out by a private pathological specialist.

On the request of private practitioners, "Cavell" Nurses are available for home nursing, the Local Authority making a grant

to the Norwich District Nursing Association for the nursing of these and other cases.

Facilities for Consultations.

A panel of consultants, consisting of Mr. Bulman, Dr. Crook, Dr. Hinde and Mr. Noon, has been arranged, and general practitioners have been authorised to consult any member of this panel in difficult maternity cases if occasion arises, without getting previous authorisation. The Committee is responsible, in the first instance, for the fee, but has reserved the right to recover the fee in whole or in part from the patient.

Consultants were called in by general practitioners to 16 cases. The Committee felt justified in asking the patients to pay the whole or part of the consultant's fee in 5 cases; the consideration of 1 case was deferred. It is of interest to note that no mother for whom a consultant has been called in has died in 1936.

Ante-Natal Care.

The attention of the midwives has been called to the importance of ante-natal supervision, and in connection with this a sum of 15/- is paid to a midwife if, on her own initiative, a case is transferred from her care so that she loses the fee ordinarily payable. 15 applications for compensation were received from certified midwives and considered by the Committee. In 11 cases the applications were granted, and in 2 cases consideration was deferred.

Home Helps.

The Committee decided to provide the services of a home help in maternity cases in which a midwife is in attendance, the period during which the home help is to be employed being generally limited to 14 days, but to be extended on the recommendation of a doctor or midwife or health visitor. Great difficulty has been experienced in obtaining suitable persons for home helps, and at the end of the year only 5 had been enrolled. Payment by the Council to the home help is at the rate of 5/- per day, and the patient contributes towards the cost according to her financial circumstances. Home helps assisted in 8 cases during the year, and in 5 of these the Committee considered that the patients were in a position to contribute towards the cost.

ORTHOPÆDIC TREATMENT.

The Council's scheme for the treatment of orthopædic defects in children and cases of tuberculosis of bones and joints,

came into operation in June. Clinics are held at the local hospitals, usually on Saturday mornings, with Mr. H. A. Brittain, F.R.C.S., in attendance. 64 children under school age were seen at the Orthopædic Clinics, and 4 children under 5 years of age received in-patient treatment in the Jenny Lind Hospital, 1 of whom was transferred to Melton Lodge. Details of the cases of children examined and treated under the Orthopædic Scheme are shown on pages 152—154.

CONTRACEPTIVE CLINIC.

Any married woman could obtain contraceptive information at the Maternity Home, where a Medical Officer is available on one afternoon each week from 2 to 4 o'clock. This advice was given free, but a charge was made for any appliances supplied. 122 attendances were made at the Clinic by women during the year. 45 new patients attended, 33 of whom were instructed.

MATERNITY AND NURSING HOMES.

Before being registered, new Homes are inspected by a Medical Officer of the Public Health Department to ensure that the arrangements comply with the Bye-laws and the standards laid down by the Committee. The arrangements for protection against fire are inspected by the Police. All registered Homes are inspected periodically by a Medical Officer. No application for the registration of premises as a Nursing Home was received.

1 Maternity Home and 1 Mixed Home were closed voluntarily. The number of registered Homes at the end of the year was 13. These are used as follows:—Maternity Homes, 3; Nursing Homes (Non-Maternity), 4; Mixed Homes, 6. 2 institutions are exempt.

OPHTHALMIA NEONATORUM.

Every effort is made to secure prompt treatment of ophthalmia neonatorum. The table below shows the number of notifications of this disease which were received:—

Notified.	Cases Treated.		Vision unimpaired.	Vision impaired.	Total Blindness.	Deaths.
	At Home.	In Hospital.				
12	1	11	*11	—	—	†1

*As far as can be ascertained by the Health Visitors and enquiries of the doctors in charge of the cases.

†Cause of death—Premature Infant.

NUMBER OF BIRTHS AND DEATHS UNDER ONE YEAR—REGISTERED QUARTERLY.

1927—1936.

Year.	March Quarter.		June Quarter.		September Quarter.		December Quarter.		Half-yearly Totals. Jan.—June.		Totals. July—Dec.		GRAND TOTAL.	
	Live Births Registered.	Deaths under one year.	Live Births Registered.	Deaths under one year.	Live Births Registered.	Deaths under one year.	Live Births Registered.	Deaths under one year.	Live Births Registered.	Deaths under one year.	Live Births Registered.	Deaths under one year.	Live Births Registered.	Deaths under one year.
1927 ...	555	50	627	37	565	19	498	27	1182	87	1063	46	2245	133
1928 ...	507	22	514	20	516	15	487	25	1021	42	1003	40	2024	82
1929 ...	522	52	512	36	517	35	441	26	1034	88	958	61	1992	149
1930 ...	473	24	543	33	476	14	476	17	1016	57	952	31	1968	88
1931 ...	480	43	482	32	526	16	463	16	962	75	989	32	1951	107
1932 ...	478	43	490	25	494	20	394	17	968	68	888	37	1856	105
1933 ...	462	44	442	19	463	21	395	27	904	63	858	48	1762	111
1934 ...	422	30	476	19	445	18	427	15	898	49	872	33	1770	82
1935 ...	443	27	443	18	431	12	406	26	886	45	837	38	1723	83
1936 ...	410	24	429	23	411	16	406	22	839	47	817	38	1656	85
Total, 5 years— 1927-1931 ...	2537	191	2678	158	2600	99	2365	111	5215	349	4965	210	10180	559
Total, 5 years— 1932-1936 ...	2215	168	2280	104	2244	87	2028	107	4495	272	4272	194	8767	466
Total, 10 years— 1927-1936 ...	4752	359	4958	262	4844	186	4393	218	9710	621	9237	404	18947	1025

The number of births are the quarterly figures given by the Registrar-General. They do not tally exactly with the final annual returns of the Registrar-General as given in the annual reports owing to certain small adjustments which have to be made, but they are sufficiently accurate for seeing the general trend of events.

INFECTIOUS DISEASES
AND
ISOLATION HOSPITAL

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

Infectious diseases were comparatively quiet during the year, with the exception of Measles and Whooping Cough. The table on pages 158-159, with the comments on pages 156-157, show the 1936 infectious disease incidence in the schools.

Scarlet Fever, with 212 cases, had a slight rise as compared with the 163 cases in 1935, which may have been the bottom of the slump following the peak in 1934. There was no death from Scarlet Fever, which is clear evidence of the continued comparative mildness of our type, although one case, who had both Scarlet Fever and Measles, died from Measles and is counted as a Measles death in the Registrar-General's returns. It is noticeable, however, in the report on Scarlet Fever in the Isolation Hospital that, taken over a series of years, the incidence of the complications of this disease does not diminish, and the use of anti-Scarlet Fever serum does not seem to have produced any improvement in this respect.

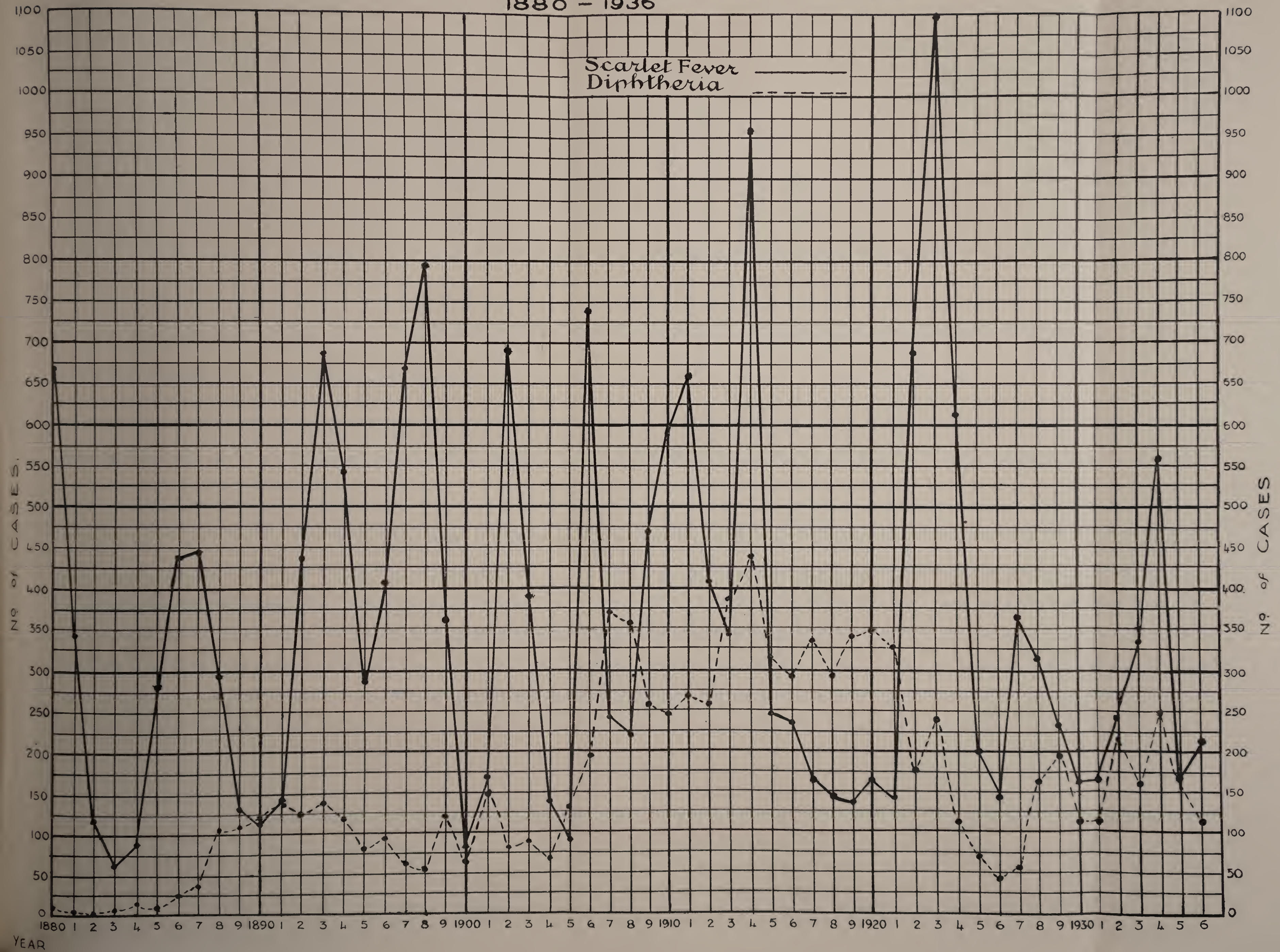
Diphtheria, with 113 cases showed a further reduction from the 167 cases produced in 1935. There were 8 deaths in the City as a whole, 6 being school children, and this is a material improvement on the 13 deaths we suffered in 1935. The Health and Education Committees have continued to offer free immunisation to the public but this has not received very enthusiastic response. During the year, 1201 new cases were dealt with. 567 were not primarily Schick Tested; 634 were so tested, 76 of whom were Schick negative. 1080 cases commenced injections during the year. 2400 cases had the final Schick Test, 2108 of whom were negative; 141 had further injections and were re-tested, when a further 113 were found to be Schick negative.

Three children who were proved Schick negative developed a very mild form of Diphtheria. Three other children and one adult who were either in the process of immunisation or had not yet been proved Schick negative also developed Diphtheria. One of the children (a severe case) died.

42 City persons were admitted as Diphtheria Carriers to the Isolation Hospital.

Enteric Fever. There were 4 cases of Typhoid Fever and 2 of Paratyphoid Fever "B" notified. This is a reduction as compared with the 8 in all of 1935. We were not able to trace the

NOTIFICATIONS OF SCARLET FEVER & DIPHTHERIA 1880 - 1936



source of the infection in any of the Typhoid cases. One was a very curious case in that he was a man of 55 years of age who had not been out of the Public Assistance Institution for several years and had no friends or relations visiting him. He had rose spots on the abdomen and a Widal positive to B. Typhosus. As an occupation he had been looking after the pigs in the institution. It is thought that one of the cases of Typhoid probably got his infection outside the City.

With regard to the 2 cases of Paratyphoid "B," one practically certainly got her infection out of the City, and the other was a Nurse in the Isolation Hospital, who nursed the patient and developed the disease herself. There was no death from Typhoid or Paratyphoid Fever.

Cerebro-Spinal Fever produced 2 notifications but in one case the diagnosis could not be considered very firmly founded. The other was a small child of 2 years of age who was desperately ill and made a remarkable recovery under the skilled attention at the Isolation Hospital.

There was 1 case of **Acute Poliomyelitis**, who recovered.

There was no case of **Encephalitis Lethargica**.

Puerperal Fever produced 4 notifications, and of the 4 cases notified 1 died. 2 of the patients were confined in the Public Assistance Infirmary, 1 was confined in a private nursing home, and 1 was looked after by a private midwife. The notified case of Puerperal Fever that died had on a previous confinement been the subject of a notification of Puerperal Pyrexia. However, the Registrar-General has considered 2 other cases to have died from Puerperal Sepsis, making 3 in all. 1 died from streptococcal septicaemia following an abortion, and the other of pulmonary embolism with thrombosis of the pelvic veins. There is no reasonable doubt that these 2 cases ought to have been notified as Puerperal Fever, but it is unfortunate that there is much difficulty in finding a sufficiently embracing definition of Puerperal Fever satisfactory for notification purposes, and in the meantime the interpretation of the term leaves room for much doubt and argument as to whether certain cases are or are not notifiable definitely as Puerperal Fever.

Puerperal Pyrexia produced 26 notifications, as compared with 22 for 1935 and 38 in 1934. The final diagnoses in these cases are as follows:—

Retained products...	...	...	...	5
Mild Local Septic Infection	...	...	...	4

Sapraemia	...	...	...	...	3
Gangrene of the Cervix and Sapraemia	...	...	...	...	1
Cervicitis	...	...	...	...	1
Mastitis	...	...	...	...	1
Pelvic Phlebitis	...	...	...	...	1
Phlebitis	...	...	...	...	1
Severe Constipation; bowel infection	...	...	...	...	1
B.Coli Infection	...	...	...	...	1
Uterine Infection—Fibromyomata	...	...	...	...	1
Manual Removal of Placenta	...	...	...	...	1
Right-sided Salpingitis	...	...	...	...	1
Acute exacerbation of a Chronic Nephritis	...	...	...	...	1
Mild Parametritis	...	...	...	...	1
Retention Cyst	...	...	...	...	1
Unknown	...	...	...	...	1

There was no death.

The total number of Puerperal Pyrexia cases occurring in the City of Norwich Maternity Home was 3—1 from the Home and 2 on the District. These all recovered. 1 of these district cases was admitted to the Isolation Hospital as a nursing mother to accompany her baby suffering from Ophthalmia Neonatorum, and developed Puerperal Pyrexia after admission due to Salpingitis. In addition, 1 case who had been transferred to a private nursing home, owing to all the beds at the Maternity Home being occupied, developed Puerperal Pyrexia. This case was removed to the Isolation Hospital. There were 4 cases of Puerperal Pyrexia in the Public Assistance Institution. 18 other cases occurred in the City.

Acute Primary (71) and Acute Influenzal (33) Pneumonia cases were notified, totalling 104. This is a decrease in both as compared with the figures for 1935 and 1934. Acute Primary Pneumonia caused 18 deaths and Acute Influenzal Pneumonia gave 10—a welcome decrease on the 1935 figures. During the year, the Health Committee decided to admit cases of Acute Primary Pneumonia to the Isolation Hospital. Felton's Anti-Pneumococcal Serum, Types 1 and 2, continued to be stocked, but very little has been used.

Erysipelas, with 55 cases and only 3 deaths, had a further decrease as compared with 1935 and 1934, and these figures are the lowest for a few years.

It will be seen from the table of "Infectious Diseases in the Schools" that 1936 was both a Measles and a Whooping Cough

year. **Measles** produced 13 deaths and **Whooping Cough** gave 11. In each case the victims were chiefly under school age. Prophylactic Vaccination against Whooping Cough continues to be practised in a few cases.

INFECTIOUS DISEASES IN SCHOOLS.

This matter receives comment on pages 156-159. No City school has been closed on account of infectious disease for many years.

CLEANSING AND DISINFECTION.

The cleansing and disinfection of verminous persons can be carried out at the Public Assistance Institution in Bowthorpe Road, where, whilst the person is bathed, the clothing is disinfected. After infectious illness, bedrooms, etc., have been disinfected with formalin or sulphur, and occasionally bedding and clothing passed through the steam disinfector at the Isolation Hospital gratuitously. On request, the disinfection of articles for trade purposes and after non-infectious illnesses is carried out at the Isolation Hospital, and a charge is made in accordance with the Committee's scale.

It is the practice of the Council to insist on the disinfection of furniture and bedding of all tenants removed to the Council Estates.

1022 rooms were disinfected after the removal or recovery of patients. 588 visits were made by the Sanitary Inspectors in respect of infectious diseases.

In cases where the dwelling-house is in an insanitary condition and the occupier is unable through infirmity or mental incapacity to remedy the condition, and the health of persons residing in the house is endangered, the Corporation, under the Norwich Corporation Act, 1933, may apply to a Court of Summary Jurisdiction for an Order for the removal of the occupants to an Institution or other dwelling for such period as is necessary to enable the Corporation to cleanse and disinfect the house.

2 cases were dealt with under these powers. In one the person voluntarily entered an Institution and the summons was withdrawn; in the other the person was compulsorily removed to an Institution. In another case the premises were cleaned by the Corporation under Section 91 of the Public Health Act, 1875.

TABLE 3. NOTIFIABLE DISEASES.

Diseases.	Total Cases Notified by Medical Practitioners.	Cases Admitted to Hospital.	Total Number of Deaths, of City persons.
Scarlet Fever	(a) 212	184	—
Diphtheria	(b) 113	111	8
Acute Primary Pneumonia	(c) 71	38	(d) 18
Acute Influenzal Pneumonia	33	4	(e) 10
Ophthalmia Neonatorum...	12	11	(f) —
Puerperal Fever	(g) 4	4	1
Puerperal Pyrexia	(h) 26	21	—
Erysipelas	(i) 55	31	(j) 3
Cerebro-Spinal Fever	2	2	—
Typhoid Fever	4	4	—
Paratyphoid Fever	2	2	—
Acute Poliomyelitis	1	1	—
Malaria	4	—	—

- (a) Includes 4 non-residents who contracted Scarlet Fever whilst in Norwich.
- (b) Includes 3 non-residents who contracted Diphtheria whilst in Norwich. One of these died and was regarded as an outward transferable death.
- (c) Includes 2 non-residents who contracted Acute Primary Pneumonia whilst in Norwich. One of these persons died and was regarded as an outward transferable death.
- (d) Includes 1 Norwich person who died outside the City (not included in notifications). 2 cases notified as Acute Primary Pneumonia but who actually died from Broncho-Pneumonia and 2 further cases notified as Acute Primary Pneumonia but who died from other causes are not included.
- (e) Includes 2 Norwich persons who died outside the City (not included in notifications).
- (f) 1 case notified as Ophthalmia Neonatorum died from another cause.
- (g) Includes 1 non-resident who contracted Puerperal Fever whilst in Norwich.
- (h) Includes 6 non-residents who contracted Puerperal Pyrexia whilst in Norwich.
- (i) Includes 6 non-residents who contracted Erysipelas whilst in Norwich. One of these died and was regarded as an outward transferable death.
- (j) One case notified as Erysipelas died from another cause and is not included.

TABLE 3—*continued*.
NON-NOTIFIABLE DISEASES.

Whooping Cough	...	(<i>k</i>)	30	(<i>l</i>)	24	11
Chicken-pox	...		11	(<i>m</i>)	6	—
Measles ...	...	(<i>n</i>)	146	(<i>o</i>)	97	13
Mumps ...	...		6		—	—
Rubella ...	...		1		—	—

(*k*) Includes 3 cases that also had Measles.

(*l*) Includes 5 cases admitted to hospital for other reasons (2 for Scarlet Fever, 1 for Diphtheria and 2 for Measles).

(*m*) Includes 3 cases admitted to hospital for other causes (2 for Measles and 1 for Scarlet Fever).

(*n*) Includes 3 cases that also had Whooping Cough.

(*o*) Includes 1 case admitted to hospital for other cause (Scarlet Fever).

TABLE 4.

ANALYSIS OF TOTAL CASES OF INFECTIOUS DISEASES NOTIFIED IN AGE GROUPS.

Disease.	Under 1	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	65 & over	Total
Diphtheria ...	1	—	4	7	6	53	26	6	7	2	1	—	113
Scarlet Fever ...	—	4	13	21	33	104	15	8	7	5	1	1	212
Erysipelas ...	1	3	—	1	1	1	1	3	8	8	18	10	55
Pneumonia (Acute Primary) ...	1	3	1	1	1	8	3	4	16	9	13	11	71
Pneumonia (Acute Influenzal) ...	3	—	1	1	—	2	2	2	4	6	9	3	33
Puerperal Fever ...	—	—	—	—	—	—	—	—	3	1	—	—	4
Puerperal Pyrexia ...	—	—	—	—	—	—	—	4	14	8	—	—	26
Cerebro-Spinal Fever ...	—	—	1	—	—	—	—	—	1	—	—	—	2
Typhoid Fever ...	—	—	—	—	—	—	1	1	—	1	1	—	4
Paratyphoid Fever ...	—	—	—	—	—	—	—	2	—	—	—	—	2
Acute Poliomyelitis ...	—	—	—	—	—	1	—	—	—	—	—	—	1
Malaria ...	—	—	—	—	—	1	—	—	3	—	—	—	4
Mumps ...	—	—	—	—	—	—	—	5	1	—	—	—	6
Rubella ...	—	—	—	—	—	—	—	—	1	—	—	—	1
Chickenpox ...	1	1	1	4	—	4	—	—	—	—	—	—	11
Measles ...	10	18	25	15	18	51	3	1	3	2	—	—	146
Whooping Cough ...	7	10	3	4	3	3	—	—	—	—	—	—	30

TABLE 5.

ANALYSIS OF DEATHS FROM NOTIFIED DISEASES IN AGE GROUPS.

Disease.	Under 1	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	65 & over	Total
Diphtheria ...	—	—	—	1	—	6	1	—	—	—	—	—	8
Puerperal Fever ...	—	—	—	—	—	—	—	—	1	—	—	—	1
Erysipelas ...	—	1	—	—	—	—	—	—	—	—	—	2	3
Acute Primary Pneumonia	1	—	1	—	—	—	—	1	1	—	6	3	18
Acute Influenzal Pneumonia	—	—	—	—	—	1	1	—	—	1	4	3	10
Measles ...	2	5	3	—	1	2	—	—	—	—	—	—	13
Whooping Cough ...	4	4	—	1	—	—	—	—	—	—	—	—	11

TABLE 6.

ATTACK RATE PER 1000 PERSONS UNDER 15 YEARS OF AGE NOT KNOWN TO HAVE HAD DISEASE PREVIOUSLY.

(a) CASES REMOVED TO HOSPITAL.

		In houses with :—								
		Less than 1 person per room.	1 to 2 persons per room.	2 to 3 persons per room.	3 to 4 persons per room.	4 to 5 persons per room.	5 to 6 persons per room.	6 to 7 persons per room.	Over 7 persons per room.	
Scarlet Fever	415	1000	584	290	256	500	500	250	—	Per 1000 persons under 15 years who have not had disease
Diphtheria...	340	1000	524	254	273	500	125	—	—	”

(b) CASES NURSED AT HOME.

		In houses with :—								
		Less than 1 person per room.	1 to 2 persons per room.	2 to 3 persons per room.	3 to 4 persons per room.	4 to 5 persons per room.	5 to 6 persons per room.	6 to 7 persons per room.	Over 7 persons per room.	
Scarlet Fever	643	—	750	625	250	—	—	—	—	Per 1000 persons under 15 years who have not had disease

VACCINATION.

The following are particulars of the work done under the
Vaccination Acts.

Number of Births registered in 1935	...	...	1990
<i>Number of Children :—</i>			
Successfully Vaccinated	...	...	348
Insusceptible of Vaccination	...	...	4
In respect of whom Statutory Declara- tions of Conscientious Objection have been received	...	...	1479
Died unvaccinated (under 1 year of age)	...	...	93
Postponed by Medical Certificate	...	...	7
Removed to districts the Vaccination Officers of which have been duly apprised	...	...	39
Removed to places unknown and other- wise not accounted for	...	...	20
			1990
<hr/>			
Percentage successfully vaccinated (excluding deaths)	...	...	18.3%
Percentage of Conscientious Objectors (excluding deaths)	...	...	77.9%

SUCCESSFUL VACCINATIONS, 1936.

Total number of Certificates of successful Primary Vaccinations of Children under 14 received during 1936	...	...	...	307
Number of Certificates of successful Primary Vaccinations by the Public Vaccinator of persons over 14 received during 1936	...	...	...	15
Number of successful re-Vaccinations by the Public Vaccinator of persons of all ages during 1936	...	...	...	8

ISOLATION HOSPITAL AND LABORATORY.

The Isolation Hospital continues to play an important part in the health service of the City and to enjoy the confidence of the citizens, as is shown by the high percentage of notified cases which are sent there.

The percentages are :—

Diphtheria	...	...	...	95.57%
Scarlet Fever	...	...	...	85.38%
Enteric Fever	...	...	...	83.33%

The following is the Resident Medical Officer's report on the year's work :—

During the year 1936, the total number of cases admitted was 647, as compared with 634 for 1935, 1111 for 1934, and 826 for 1933. This number, with 50 remaining from 1935, gives a total of 697 under treatment for the year.

TABLE 7.

(Shewing disease distribution and mortality rates.)

		Remaining in Hospital midnight, Dec. 31st, 1935.	Admitted during 1936.	Total under Treatment.	Discharged during 1936.	Died during 1936.	Mortality Rate %.	Remaining in Hospital midnight, Dec. 31st, 1936
Scarlet Fever	...	13	186	199	164	1†	0.61	34
Diphtheria	...	12	110	122	84	10*	10.64	28
Diphtheria Carriers		1	43	44	42	—	—	2
Enteric Fever	...	—	5	5	5	—	—	—
Tb. Phthisis	...	20	56	76	44	16	26.66	16
Other Diseases	...	4	247	251	230	14	5.74	7
		50	647	697	569	41	—	87

*Includes one case who died from Whooping Cough.

†This case died from Measles.

The mortality rate for all cases completing treatment was 6.72%.

The average daily number of patients in hospital was 68.95; maximum number 92 on 3rd June and 8th December, 1936. The minimum number was 44 on 29th January, 1936.

The average period in hospital for all cases completing treatment (deaths included) during the year was 45.42 days.

TABLE 8.
(Showing monthly admissions.)

		Scarlet Fever.	Diphtheria.	Diph. Carriers.	Enteric Fever.	Tuberculosis.	Other Diseases.	Total.
January	...	9	1	2	—	7	15	34
February	...	6	10	12	—	5	17	50
March	...	11	5	5	—	5	29	55
April	...	10	8	8	—	6	38	70
May ...	...	19	8	1	1	1	41	71
June ...	...	11	11	1	—	6	30	59
July ...	...	22	6	6	—	5	11	50
August	...	10	9	2	—	3	12	36
September	...	16	10	1	2	5	15	49
October	...	10	9	2	2	5	11	39
November	...	28	13	1	—	5	13	60
December	...	34	20	2	—	3	15	74
		186	110	43	5	56	247	647

TABLE 9.
(Showing monthly discharges.)

		Scarlet Fever.	Diphtheria.	Diph. Carriers.	Enteric Fever.	Tuberculosis.	Other Diseases.	Total.
January	...	10	10	1	—	7	10	38
February	...	10	2	6	—	4	13	35
March	...	7	9	9	—	3	23	51
April	...	9	6	8	—	5	28	56
May ...	...	13	5	1	—	2	40	61
June ...	...	17	6	5	1	9	44	82
July ...	...	13	7	—	—	4	16	40
August	...	21	9	5	—	4	15	54
September	...	10	8	2	—	6	14	40
October	...	17	8	3	—	5	14	47
November	...	11	9	1	2	4	11	38
December	...	27	15	1	2	7	16	68
		165	94	42	5	60	244	610

SCARLET FEVER.

186 cases were admitted during 1936 (including 5 County infections) which, with 13 remaining from 1935, gives a total of 199 cases under treatment.

AVERAGE STAY. The average period in hospital for cases completing treatment during the year was 32.78 days, as compared with 31.0 days in 1935 and 31.03 days in 1934.

Administration of Anti-Scarlet Fever serum is adopted as a routine in cases of Scarlet Fever where the rash is pronounced or the pharyngitis is intense.

A few cases have been treated with the Bayer product "Prontosil" instead of with serum, but their numbers are insufficient to make any observations upon them.

DEATH. 1 death occurred. Mortality rate 0.61%.

The one fatal case was a mixed infection, Measles complicating Scarlet Fever. The child was in a debilitated and feeble condition and developed the septic type of the disease.

TABLE 10.

(Showing Age and Sex distribution of 1936 admissions.)

	Under 1	1-2.	2-3.	3-4.	4-5.	5-10.	10-15.	15-20.	20-25.	25-35.	35-45.	Over 45.	Totals
Male	—	2	6	10	17	46	8	1	2	—	2	—	94
Female	1	1	4	8	12	47	7	4	1	3	3	1	92
	1	3	10	18	29	93	15	5	3	3	5	1	186

Complications in Scarlet Fever cases completing treatment in 1936, 1935, 1934, and 1933.

	All Cases 1936.	1935.	1934.	1933.
Adenitis	... 17 = 10.30%	11.32%	8.33%	5.36%
Otorrhœa	... 12 = 7.27%	6.29%	6.98%	3.83%
Arthritis and Rheumatism	... 4 = 2.42%	1.88%	2.13%	2.68%
Nephritis and Albuminuria	... 13 = 7.88%	4.40%	2.32%	1.53%
Rhinorrhœa	... 1 = 0.61%	1.26%	0.0%	0.0%

Albuminuria occurring in the early febrile period of the disease is not included in these figures.

OTHER COMPLICATIONS. Serum Rash 11; Skin Affections 13; Mastoidectomy 2; Tonsillectomy 1; Tonsillitis 2; Frontal Sinusitis 1; Pyrexia of Unknown Origin 1; Endocarditis 4; Gluteal Abscess 1; Parotic Abscess 1; Vulvitis 1; Glycosuria 1.

5 return cases were admitted during the year, equivalent to 2.76% of the City cases admitted. A patient is regarded as a return case if further infection occurs in a household within four weeks of the return home of a case from hospital.

1 case was suffering from Mumps, 1 from Chicken-pox, and 1 from Measles on admission—no other cases occurred.

1 case was incubating and 1 case was suffering from Whooping Cough on admission—no other cases occurred.

DIPHThERIA.

110 cases of true Diphtheria (including 3 County infections) were admitted during 1936, which, with 12 remaining from 1935, gives a total of 122 under treatment.

1 case was incubating Whooping Cough on admission—no other case occurred.

43 carriers of the Diphtheria bacillus (including 1 County infection), in whom no evidence of the disease existed, were taken into hospital until they ceased to be infectious.

The type of Diphtheria showed itself clinically as for the most part moderately severe. There was a distinct increase in the severity of the disease as the year drew to its close.

DEATHS. 10 deaths occurred (including 1 child normally resident in the County). One patient notified as Diphtheria died from another cause. Mortality rate 10.64%.

Where the death was not immediately due to the severe toxæmia it was in all cases due to causes such as cardio-vascular failure, profound neuritis and renal failure.

AVERAGE STAY. The average period in hospital for cases who completed treatment during the year was 54.37 days, the figure for 1935 was 50.73 days, and for 1934, 47.54 days.

TABLE 11.

(Showing Age and Sex distribution of 1936 admissions.)

	Under											Over	
	1	1-2.	2-3.	3-4.	4-5	5-10.	10-15.	15-20.	20-25.	25-35.	35-45.	45.	Totals
Male	1	—	1	2	2	24	16	2	3	—	1	—	52
Female	—	—	3	5	4	27	10	4	3	—	1	1	58
	1	—	4	7	6	51	26	6	6	—	2	1	110

Complications in Diphtheria cases completing treatment during 1936 :—

Tonsillitis	...	...	4	Albuminuria	...	...	4
Vaginal Discharge	...	...	1	Vulvo-Vaginitis	...	...	1
Adenitis	...	...	2	Heart	...	...	13
Paralysis	...	...	8	Pyrexia of Unknown	...	...
Skin Affection	...	...	1	Origin	...	...	1
Neuritis	...	...	8				

SERUM. The average quantity of serum administered to each case was 41,436 units. Several patients had a quantity of serum administered before admission and this amount has been included. The largest amount given to any one case was 136,000 units. A definite serum reaction occurred in 14 cases.

ENTERIC FEVER.

3 cases of Typhoid Fever and 2 cases of Paratyphoid Fever B were admitted during the year—no death occurred.

MEASLES.

83 cases of Measles (including 1 County infection and 1 City child taken ill whilst outside the City) were admitted during the year, 43 being males and 40 females.

6 of these patients died, 4 being males and 2 females. 3 deaths were complicated by capillary bronchitis, 1 by broncho-pneumonia and emphysema, 1 by broncho-pneumonia and rickets and 1 by broncho-pneumonia.

The following complications were either present on admission or developed in hospital :—Broncho-pneumonia 16; Bronchitis 4; Rickets 3; Otorrhœa 2; Whooping Cough 2; Chicken-pox 2; Albuminuria 1; Adenitis 1; Emphysema 1.

OTHER DISEASES.

Admissions numbered 164, distributed as under :—

Hæmolytic Streptococcal				Tonsillitis	...	...	30
Carrier	...	...	1	Pharyngitis	...	...	4
Suspected Diphtheria				Cold	...	...	1
Carriers	...	...	3	Influenza	...	...	5
Vincent's Angina	...	...	2	Post-Influenzal Debility...			1
Whooping Cough	...	...	9	Acute Influenzal			
Erysipelas	...	...	17	Pneumonia	...	...	1
Cerebro-Spinal Fever	...	...	2	Acute Primary Pneumonia			5
Meningitis	...	...	1	Broncho-Pneumonia	...	...	2
Tetany	...	...	1	Puerperal Fever	...	...	1
Food Rash	...	...	1	Puerperal Pyrexia	...	...	10
Drug Rash	...	...	1	Puerperal Sepsis	...	...	1
Bronchitis	...	...	2	Suckling Infant	...	...	9

Nursing Mother	...	9	Infantile Scurvy	...	1
Ophthalmia Neonatorum	11		Pemphigus	...	1
Blepharitis	...	2	Acute Poliomyelitis	...	1
Marasmus	...	3	Encephalitis	...	1
Debility	...	4	Migraine	...	1
Exfoliative Dermatitis	...	1	Over-feeding	...	1
Laryngismus Stridulus	...	1	Convulsions	...	1
Laryngeal Obstruction	...	1	Pyelitis	...	1
Otitis Media	...	2	Cancer	...	1
Varicose Ulcer	...	1	Serum Rash	...	1
Menorrhagia	...	1	No Infectious Disease	...	2
Constipation	...	2	Suspected Congenital		
Rheumatism	...	1	Syphilis	...	1
Carbuncle	...	1	Chicken-pox	...	1

The following deaths occurred amongst these patients:—
Erysipelas 2; Whooping Cough 1; Premature Infant 1; Marasmus 1; Cancer 1; Influenzal Pneumonia 1; Acute Primary Pneumonia 1.

The average length of stay in hospital for those who completed treatment was 19.90 days.

TUBERCULOSIS.

2 ward blocks are still in use for the isolation of cases (mostly advanced) of this disease.

ADMISSIONS. 56 cases were admitted during the year, 22 male and 34 female.

DIED. Males 6; Females 10; Total 16.

DISCHARGED. Males 15—2 to Kelling Sanatorium; 1 to own home, condition much improved; 6 to own homes, condition improved; and 6 to own homes, condition as on admission. Females 29—5 to Bramblewood Sanatorium; 1 to Norwich Infirmary; 1 to Hellesdon Hospital; 1 to own home, condition much improved; 12 to own homes, condition improved; 1 to own home, condition slightly improved; and 8 to own homes, condition as on admission.

AVERAGE STAY. The average period in hospital for cases that completed treatment during the year was 180.4 days.

COUNTY CASES.

The arrangements made in 1931 with some of the surrounding county districts continued. 13 County cases, included in the figures mentioned above, were admitted during the year and were distributed as under:—

Scarlet Fever	...	5	Erysipelas	...	2
Diphtheria	...	3	Tonsillitis	...	1
Diphtheria Carrier	...	1	Measles	...	1

LABORATORY WORK.

3678 specimens were examined, as compared with 7522 in 1935; details of examinations are appended:—

		Diphtheria.	Tuber- culosis.	Typhoid.	Others.	Totals.
January ...	...	268	5	3	15	291
February ...	...	243	4	4	11	262
March ...	...	323	11	5	13	352
April ...	...	224	2	6	4	236
May ...	...	249	5	3	14	271
June ...	...	240	62	1	6	309
July ...	...	302	5	2	4	313
August ...	...	239	2	—	4	245
September ...	...	365	4	1	11	381
October ...	...	189	5	6	9	209
November ...	...	351	6	1	1	359
December...	...	443	3	2	2	450
		3436	114	34	94	3678

DAILY TESTS. (Sundays included) 10.05.

The above figures do not include 1003 specimens of sputum examined by the Clinical Tuberculosis Officer at the Laboratory at the Public Health Department.

STAFF.

The health of the Nursing and Domestic Staffs has been very satisfactory. 1 Nurse contracted Paratyphoid Fever B and 1 Nurse contracted Scarlet Fever.

The work of the Nursing and Domestic Staffs, under the able guidance of the Matron, has again been thoroughly satisfactory throughout the year, and I take this opportunity of recording it.

TUBERCULOSIS

TUBERCULOSIS.

NOTIFICATIONS AND MORTALITY DURING 1936.

Age Periods.		Notifications.				Deaths.			
		Pulmon-ary.		Non-Pul-monary.		Pulmon-ary.		Non-Pul-monary.	
		M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	...	—	—	—	1	1	1	2	1
1 and under 5	...	1	—	3	4	—	—	3	3
5 and under 15	...	2	3	10	11	—	—	1	1
15 and under 25	...	17	20	3	2	4	6	2	2
25 and under 35	...	18	9	4	2	14	11	1	1
35 and under 45	...	11	5	1	—	9	5	2	2
45 and under 55	...	20	3	—	—	8	3	1	—
55 and under 65	...	6	2	—	—	3	6	—	—
65 and over	...	3	1	—	—	2	2	1	—
Totals	...	78	43	21	20	41	34	13	10

In addition to the 162 cases newly notified, 42 further cases came to my notice during 1936 in other ways than by formal notification. 10 were obtained from the death returns, 16 were transfers to the City from other areas and 16 posthumous notifications were received. 20 were pulmonary cases and 22 non-pulmonary, distributed as follows:—

Age periods.		Pulmonary.		Non-Pulmonary.	
		M.	F.	M.	F.
Under 1 year	...	—	—	3	1
1 and under 5	...	—	—	4	3
5 and under 15	...	—	1	3	1
15 and under 25	...	—	2	—	3
25 and under 35	...	6	3	1	2
35 and under 45	...	2	1	1	—
45 and under 55	...	—	—	—	—
55 and under 65	...	1	2	—	—
65 and over	...	—	2	—	—
Totals	...	9	11	12	10

In all, 204 cases of tuberculosis, 141 lung and 63 other forms, came to my knowledge during the year. The non-pulmonary cases were classified as follows:—

Age periods		Bones and joints.	Abdom- inal.	Peri- pheral glands.	Lupus.	Other Organs.
Under 1 year	...	—	—	1	—	4
1 and under 5	...	1	2	6	—	5
5 and under 15	...	2	2	19	—	2
15 and under 25	...	1	—	3	—	4
25 and under 35	...	—	1	4	—	4
35 and under 45	...	—	2	—	—	—
45 and under 55	...	—	—	—	—	—
55 and under 65	...	—	—	—	—	—
65 and over ..	...	—	—	—	—	—
Totals	...	4	7	33	—	*19

*These consisted of 1 each of kidney, miliary, epididymis, nasal polypus and of cystitis, and 14 of meningitis.

Of the cases notified, 58.8 per cent. were males and 41.2 per cent. were females. 37.3 per cent. were married, 58.3 per cent. were single and 4.4 per cent. were widowed. Information obtained from 184 of the cases revealed a family history of tuberculosis in 32 per cent. The average age at the time of notification was as follows:—

	Years.
Pulmonary Males ...	36.94
Pulmonary Females ...	29.09
Non-Pulmonary Males ...	14.33
Non-Pulmonary Females ...	9.80
Pulmonary Males and Females ...	34.15
Non-Pulmonary—Males and Females	12.12
All Forms—Males and Females ...	28.58

The notifications of new pulmonary cases show an increase among males compared with the figures for the previous year; the increase affects no special age group. Among females the number is almost identical with that of the preceding year, but there has been an increase of new cases under 25 years of age and a corresponding decrease above that age.

Non-pulmonary notifications have continued to decrease. The small number of new bone and joint cases has been a striking feature, only 4 notifications having been received. Tuberculous peripheral glands account for more than half the number of new non-pulmonary notifications.

Deaths from pulmonary tuberculosis numbered 75, which is the lowest figure on record. Non-pulmonary tuberculosis deaths show an increase on the previous year, largely accounted for by

DEATHS AND DEATH-RATES FROM TUBERCULOSIS.

Year.	Population.	Deaths.			Death-rate per 1000 of population.		
		Pul- monary Tuber- culosis.	Non-Pul- monary Tuber- culosis.	Tuber- culosis (all forms).	Pul- monary Tuber- culosis.	Non-Pul- monary Tuber- culosis.	Tuber- culosis (all forms).
1893	104,184	144	106	250	1.38	1.02	2.40
1894	105,645	160	103	263	1.51	0.97	2.48
1895	107,127	156	99	255	1.46	0.92	2.38
1896	108,630	118	86	204	1.08	0.79	1.87
1897	110,154	155	83	238	1.41	0.75	2.16
1898	111,699	119	97	216	1.06	0.87	1.93
1899	113,266	115	75	190	1.02	0.66	1.68
1900	114,855	144	98	242	1.25	0.85	2.10
1901	111,728	154	96	250	1.37	0.86	2.23
1902	113,178	143	94	237	1.26	0.83	2.09
1903	114,351	128	90	218	1.12	0.78	1.90
1904	115,538	163	104	267	1.41	0.90	2.31
1905	116,741	150	75	225	1.28	0.64	1.92
1906	117,958	149	94	243	1.26	0.80	2.06
1907	119,191	139	79	218	1.16	0.66	1.82
1908	122,841	142	70	212	1.15	0.57	1.72
1909	124,136	131	70	201	1.05	0.56	1.61
1910	125,446	133	72	205	1.06	0.57	1.63
1911	121,682	141	69	210	1.16	0.56	1.72
1912	122,479	131	55	186	1.06	0.45	1.51
1913	123,288	134	49	183	1.08	0.40	1.48
1914	124,107	144	48	192	1.16	0.38	1.54
1915	116,000	130	59	189	1.12	0.50	1.62
1916	113,000	149	58	207	1.32	0.51	1.83
1917	110,000	155	81	236	1.41	0.73	2.14
1918	107,245	157	56	213	1.46	0.52	1.98
1919	124,997	108	43	151	0.86	0.34	1.20
1920	125,700	125	38	163	1.0	0.30	1.30
1921	122,400	147	26	173	1.20	0.21	1.41
1922	122,900	135	32	167	1.10	0.26	1.36
1923	123,600	128	21	149	1.03	0.17	1.20
1924	123,900	121	30	151	0.98	0.24	1.22
1925	124,000	117	22	139	0.94	0.18	1.12
1926	123,500	91	22	113	0.73	0.18	0.91
1927	124,600	109	26	135	0.87	0.21	1.08
1928	124,700	81	13	94	0.65	0.10	0.75
1929	124,900	100	18	118	0.80	0.14	0.94
1930	124,900	78	12	90	0.624	0.096	0.72
1931	126,100	77	11	88	0.61	0.08	0.69
1932	126,600	100	12	112	0.79	0.09	0.88
1933	126,100	93	15	108	0.737	0.118	0.855
1934	125,700	97	20	117	0.77	0.16	0.93
1935	124,700	77	9	86	0.62	0.07	0.69
1936	123,700	75	23	98	0.606	0.186	0.792

an increased number of deaths from meningitis. For the past few years the City has been singularly immune from meningeal cases. All the 14 notifications, some of them posthumous, were received from the local voluntary hospitals, at which the notifying R.M.O.s change regularly. The table on page 112 shows the number of deaths registered and the death rates recorded during the years 1893-1936.

The deaths occurred at the following periods during 1936 :—

			Pulmonary.		Non-Pulmonary.	
January	9	}	2	}
February	...	...	10		1
March	...	...	4		3
April	7	}	3	}
May	...	...	9		3
June	...	...	3		2
July	6	}	2	}
August	...	...	4		—
September	...	...	6		1
October	8	}	2	}
November	...	...	3		3
December	...	...	6		1

Of the total deaths from tuberculosis, 26, or 26.5 per cent., had not been notified during life. No special action was taken in these cases, as there was no evidence of wilful neglect or refusal to notify.

Dispensary Work.

In addition to the Administrative Tuberculosis Officer, the staff consists of a Clinical Tuberculosis Officer, a Health Visitor, and 1 Clerk.

There are 4 dispensary sessions weekly, 1 of which is reserved for children, where opportunity is taken to see suspected cases referred by the School Medical Officers and Officers of the Infant Welfare Centres, and also contacts of definitely tuberculous cases.

The Clinical Tuberculosis Officer made 2109 examinations, 1967, including contacts, at the Clinic, and 142 at the patients' homes.

During the year, 228 *contacts* were examined for the first time. These were in addition to the contacts examined at the School Clinics and Infant Welfare Centres, where the facilities for observation were utilised as much as possible. To assist in the co-operation of supervision of school children who are contacts of pulmonary cases, record cards have been provided so that

School Medical Officers may make observations on their progress at the time of school inspection. Full use was made of the Open-Air School and, through the Invalid Children's Aid Association, the Convalescent Homes in the county for those contacts who were found to be debilitated.

4 contacts were found to be suffering from pulmonary tuberculosis, and notified accordingly. The invitation to appear for examination is extended wherever possible. In the case of children, the offer is almost universally accepted, but there is still reluctance on the part of some adults, who feel they have nothing to gain and everything to lose. Such an outlook may be sufficient for to-day, but, as frequently happens, it may be an ill-advised policy for the future.

The *X-ray work* in connection with the Dispensary has again been undertaken by Dr. J. S. Levack, D.M.R.E., whose co-operation has been most helpful. During the year, 191 X-ray examinations were made of 178 pulmonary and 13 non-pulmonary cases. In dispensary work this mode of examination is employed more and more frequently, especially in cases of early and doubtful disease.

1071 *sputum examinations* were done during the year, including examinations done for general practitioners. Facilities for free examination of sputum are available at the Public Health Department and the Isolation Hospital.

31 patients were referred for *dental treatment*, which was undertaken by the Dental Department at Churchman House. In 18 cases dentures were supplied. In addition, the Committee occasionally accepted financial responsibility for dental treatment of cases in Sanatoria.

Operative measures, such as artificial pneumothorax and phrenicectomy are undertaken at the Norfolk and Norwich Hospital, or, where the patient is in a sanatorium, through the arrangements made by the sanatorium authority.

Home Visits.

The Tuberculosis Health Visitor, in addition to 192 primary visits paid for the purpose of ascertaining the environmental conditions of newly-notified cases, made 1330 re-visits to old cases.

At the time of the first visit, 33.2 per cent. of the cases at home occupied a separate bedroom, 14.1 per cent. a separate bed, and 52.7 per cent. shared a bed with another person, presumably non-tuberculous.

The percentage of cases, where enquiry was made, who at the time of the first visit were occupying a separate bedroom, has varied as follows:—

1922	...	...	46.3	1930	...	...	49.2
1923	...	...	43.5	1931	...	...	50.1
1924	...	...	44.0	1932	...	...	49.0
1925	...	...	43.3	1933	...	...	40.7
1926	...	...	35.2	1934	...	...	34.7
1927	...	...	41.0	1935	...	...	35.3
1928	...	...	50.3	1936	...	...	33.2
1929	...	...	48.4				

In addition to the visits of the Health Visitor, 2706 visits were paid by the Nurses from the Cavell Home. These visits are made on the recommendation of the Clinical Tuberculosis Officer and the general practitioners concerned.

370 of these visits were made for the compilation of temperature pulse records for diagnostic purposes and the remaining 2336 were made for the purpose of home nursing.

Institutional Treatment.

(i.) 35 beds are reserved for male patients at Kelling Sanatorium, where additional beds are taken temporarily as required. 9 beds are reserved for women at Bramblewood Sanatorium. Patients were also sent to the East Anglian Sanatorium, Nayland; Papworth Village Settlement, Cambridge; Addenbrooke's Hospital, Cambridge; the Norfolk and Norwich Hospital; and the Cromer and District Hospital.

(ii.) Isolation Hospital—2 pavilions, 12 beds for males and 12 for females.

(iii.) Cases of surgical tuberculosis in adults were sent to St. Michael's Orthopædic Hospital, Clacton; Papworth Village Settlement; and the local general hospital.

Children were sent to 'The Lord Mayor Treloar Cripples' Hospital, at Alton; the "Rob Roy" Home, Margate; The East Anglian Children's Sanatorium, Nayland; the local general hospitals; The Fletcher Convalescent Home, Cromer; and Melton Lodge, Great Yarmouth.

2 lupus patients were sent for light treatment at the London Hospital, and made 522 attendances. 1 of these patients was admitted for 6 days. The Council paid travelling and maintenance allowances in both these cases.

1 lupus patient made 41 attendances for light treatment at the Norfolk and Norwich Hospital.

12 children with tuberculous neck glands made 243 attendances for light treatment at the local general hospitals.

110 artificial pneumothorax refills were given at the Norfolk and Norwich Hospital Out-Patient Department in respect of 12 patients.

(iv.) The Poor Law Infirmary for pulmonary and non-pulmonary cases was also utilised when necessary.

The total number of cases of pulmonary tuberculosis treated in institutions (other than Poor Law Institutions) during the year numbered 156 adult males, 77 adult females, and 3 children. Non-pulmonary cases who received treatment in institutions outside the City were 2 adult males, 4 adult females, and 17 children. 4 adult males, 5 adult females, and 17 children were treated in the general hospitals in the City.

The following table shows the average daily number of patients at each institution, together with the duration of stay of those patients discharged during 1936. The figures in parentheses show the highest number of patients—patients on leave are regarded as being under treatment. During the year, 26 deaths occurred at the institutions.

Institution.	Average daily no. of patients.	Length of Stay of patients discharged.			
		Under 3 mnths. but exceeding 28 days.	3 to 6 months.	6 to 12 months.	Over 12 months.
<i>(a) Pulmonary Cases.</i>					
Kelling Sanatorium ... (56)	52.07	7	14	12	15
Bramblewood Sanatorium ... (9)	8.72	—	—	2	4
East Anglian Sanatorium ... (15)	10.29	4	3	4	3
Isolation Hospital (Males) ... (13)	11.71	2	5	2	3
Isolation Hospital (Females) ... (12)	9.05	6	14	3	1
Papworth Village Settlement ... (4)	2.78	1	1	—	—
Norfolk and Norwich Hospital ... (1)	.17	1	—	—	—
Cromer and District Hospital ... (1)	.11	1	—	—	—
Addenbrooke's Hospital ... (1)	.06	—	—	—	—
Totals (pulmonary) ...	94.96	22	37	23	26

Institution.	Average daily no. of patients.	Length of Stay of patients discharged.			
		Under 3 mths. but exceeding 28 days.	3 to 6 months.	6 to 12 months.	Over 12 months.
(b) Non-Pulmonary Cases.					
St. Michael's Orthopædic Hospital, Clacton (1)	.95	—	—	—	—
Norfolk and Norwich Hospital ... (2)	.90	6	—	—	—
East Anglian Children's Sanatorium, Nayland ... (5)	2.83	—	—	—	1
Lord Mayor Treloar Cripples' Hospital, Alton ... (5)	4.51	—	—	—	1
"Rob Roy" Home, Margate ... (1)	.005	—	—	—	1
Fletcher Convalescent Home, Cromer ... (1)	.11	1	—	—	—
Jenny Lind Hospital... (2)	.80	1	1	—	—
Papworth Village Settlement ... (2)	1.23	—	—	—	—
Melton Lodge, Great Yarmouth ... (1)	.12	—	—	—	—
London Hospital ... (1)	.016	—	—	—	—
Totals (non-pulmonary)	11.471	8	1	—	3
GRAND TOTALS ...	106.431	30	38	23	29

The Council decided in February that the institutional treatment of tuberculosis should remain free in all cases, irrespective of income, until further order.

The year 1935 saw the closing of Stanninghall Colony. The result of the cessation of activities there resulted in increasing activities and expansion of accommodation at Kelling Sanatorium. At the time when the organisation at Kelling was in the process of change, the institution suffered a grievous loss in the sudden and lamented death of Dr. Morris, the Medical Superintendent for many years. This, however, has not interrupted the cordial co-operation between Kelling and the Tuberculosis Department.

Domiciliary Treatment.

Extra nourishment was supplied in necessitous cases. On the recommendation of the Clinical Tuberculosis Officer, orders were given for the supply of 49,693 pints of milk, 174 lbs. of butter, 3272 eggs, 168 lbs. of cod liver oil and malt, and 280 Advita capsules.

Shelters, bedsteads and bedding are also provided on loan to such cases as are recommended for them. Paper handkerchiefs, pocket sputum flasks, and disinfectants are given for the ready disposal of infected sputum. The disinfection of rooms vacated by patients who have gone for institutional treatment, or who have died, is offered in every case, and the offer continues to be met with an almost universal acceptance.

Housing for Tuberculosis.

During the year, 25 families were transferred to the new estates of the City, in addition to the families affected by Slum-Clearance activities.

Literature.

As an educational measure, leaflets published by the National Association for the Prevention of Tuberculosis have been disposed of in connection with dispensary work. To patients and relatives, these leaflets have helped to supplement verbal advice given at the Dispensary or at home visitations.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action was taken under these Regulations with regard to employees in the milk trade. No person in the milk trade was notified as suffering from tuberculosis.

PUBLIC HEALTH ACT, 1925. SECTION 62.

No action was taken under this Section with regard to the compulsory removal to Hospital of any person suffering from tuberculosis.

Statistics.

The charts show the tendencies of tuberculosis in previous years. In addition, the approximate number of working days lost due to unemployment for the last 14 years is given, these figures being kindly supplied by the Ministry of Labour Employment Exchange.

DIAGNOSIS.	PULMONARY.						NON-PULMONARY.						TOTAL.						GRAND TOTAL
	Adults.			Children.			Adults.			Children.			Adults.			Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
A.—NEW CASES examined during the year (excluding contacts) :—																			
(a) Definitely tuberculous ...	71	32		2	—		5	4		11	13		76	36		13	18		138
* (b) Diagnosis not completed ...	—	—		—	—		—	—		—	—		8	5		8	4		25
(c) Non-tuberculous ...	—	—		—	—		—	—		—	—		46	56		34	20		156
B.—CONTACTS examined during the year :—																			
(a) Definitely tuberculous ...	—	3		—	1		—	—		—	—		—	3		—	1		4
* (b) Diagnosis not completed ...	—	—		—	—		—	—		—	—		1	—		—	—		1
(c) Non-tuberculous ...	—	—		—	—		—	—		—	—		32	58		69	64		223
C.—CASES written off the Dispensary Register as :—																			
(a) Recovered	2	6		—	—		—	2		11	7		2	8		11	7		28
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—		—	—		—	—		—	—		89	128		110	96		418
D.—NUMBER OF CASES on Dispensary Register on December 31st :—																			
(a) Definitely tuberculous ...	271	161		8	13		44	37		88	89		315	198		96	102		711
(b) Diagnosis not completed ...	—	—		—	—		—	—		—	—		18	9		9	5		36

*i.e., remaining undiagnosed on 31st December.

RETURN SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARY—Continued.

1. Number of cases on Dispensary Register on 1st January ...	719	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	21
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...	24	4. Cases written off during the year as Dead (all causes) ...	70
5. Number of attendances at the Dispensary (including Contacts) ...	1967	6. Number of Insured Persons under Domiciliary Treatment on the 31st December ...	157
7. Number of consultations with medical practitioners:— (a) Personal ... (b) Other ...	10 260	8. Number of visits by Tuberculosis Officer to homes (including personal consultations) ...	142
9. Number of visits to homes for Dispensary purposes:— (a) By Health Visitors ... (b) By The Cavell Nurses ...	1522 2706	10. Number of:— (a) Specimens of sputum, etc., examined ... (b) X-ray examinations made in connection with Dispensary work	1071 191
11. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) page 119 ...	—	12. Number of "T.B. plus" cases on Dispensary Register on 31st December ...	323

*Including those examined for general practitioners

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT AND OBSERVATION
DURING THE YEAR IN INSTITUTIONS (OTHER THAN POOR LAW INSTITUTIONS)
APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

		In Institu- tions on Jan. 1st.	Admitted during the year.	Discharged during the year.	Died in the Institu- tions.	In Institu- tions on Dec. 31st.
Number of doubtfully tuberculous cases ad- mitted for observation ...	Adult males ...	—	—	—	—	—
	Adult females ...	—	—	—	—	—
	Children ...	—	—	—	—	—
	Total ...	—	—	—	—	—
Number of patients suffer- ing from pulmonary tuberculosis ...	Adult males ...	60	96	73	13	70
	Adult females ...	25	52	45	12	20
	Children ...	1	2	2	—	1
	Total ...	86	150	120	25	91
Number of patients suffer- ing from non-pulmonary tuberculosis ...	Adult males ...	1	5	4	—	2
	Adult females ...	2	6	6	1	1
	Children ...	8	25	20	—	13
	Total ...	11	36	30	1	16
GRAND TOTAL		97	186	150	26	107

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT PROVIDED DURING
THE YEAR IN POOR LAW INSTITUTIONS FOR PERSONS CHARGEABLE TO THE
COUNCIL.

	In Institu- tions on Jan. 1st.	Admitted during the year.	Discharged during the year.	Died in the Institu- tions.	In Institu- tions on Dec. 31st.
Number of patients suffer- ing from pulmonary tuberculosis ...	Adult males ...	15	10	3	4
	Adult females ...	3	3	—	—
	Children ...	—	—	—	—
	Total ...	18	13	3	4
Number of patients suffer- ing from non-pulmonary tuberculosis ...	Adult males ...	—	—	1	—
	Adult females ...	—	—	—	—
	Children ...	3	4	—	1
	Total ...	3	4	1	1
GRAND TOTAL	...	21	17	4	5

*During the year responsibility for one adult female patient suffering from pulmonary tuberculosis was taken over by another Authority.

RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF DEFINITELY TUBERCULOUS PATIENTS DISCHARGED DURING THE YEAR FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

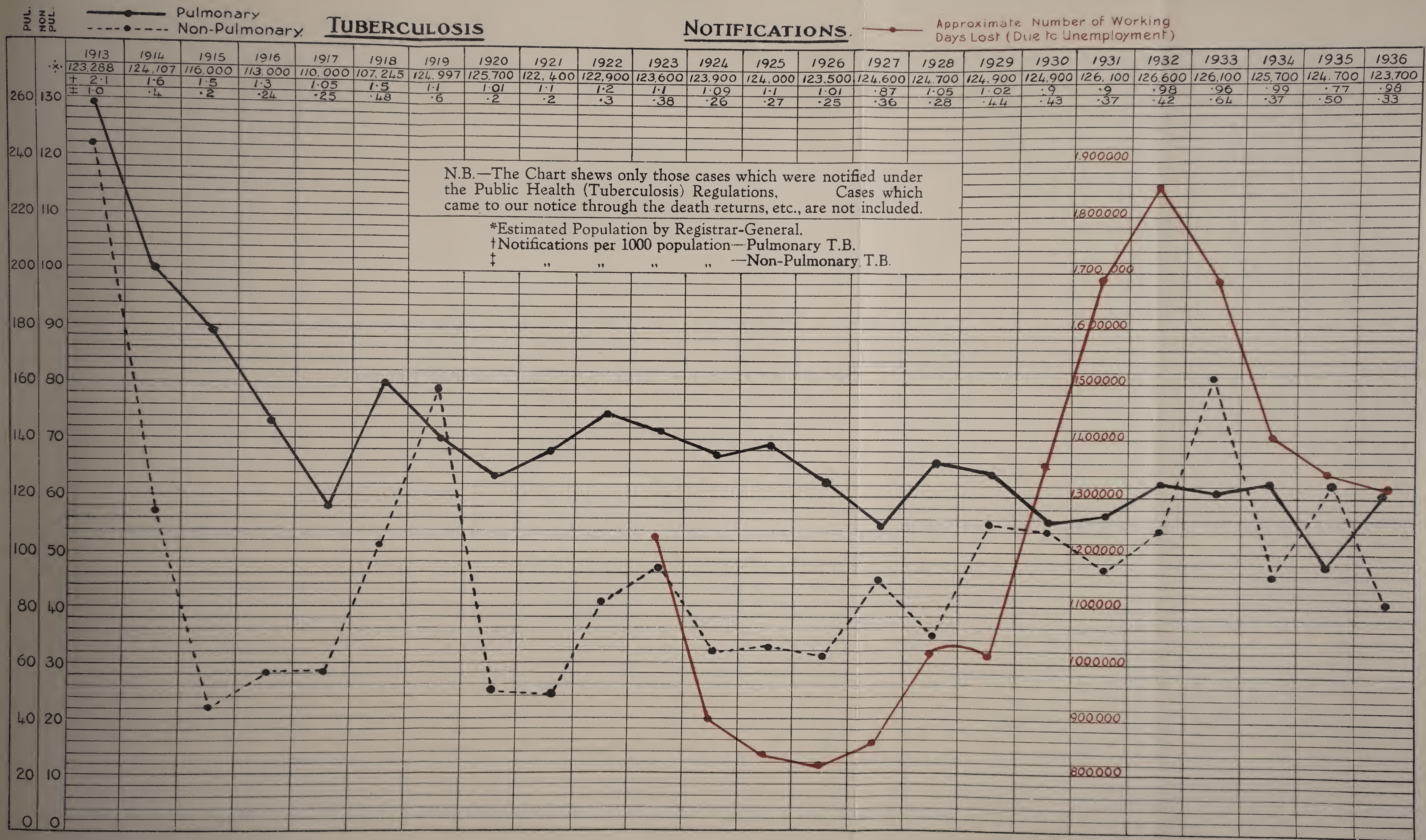
Classification on admission to the Institution.	Condition at time of Discharge.	Duration of Residential Treatment in the Institution.												GRAND TOTALS.				
		Under 3 months, but exceeding 28 days.			3-6 months.			6-12 months.			More than 12 months.							
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.					
		Totals.	M.	F.	Ch.													
Class T.B. minus.	Quiescent ...	—	4	—	2	5	2	1	—	—	1	1	—	4	10	2	16	
	Not quiescent	1	—	—	—	1	1	1	—	—	—	—	—	3	1	—	4	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Class T.B. plus. Group I.	Quiescent ...	2	—	—	1	—	—	—	—	—	—	—	—	3	—	—	3	
	Not quiescent	2	2	—	2	1	—	—	—	—	1	1	—	5	4	—	9	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	
Class T.B. plus. Group II.	Quiescent ...	—	—	—	—	—	—	—	—	2	—	1	—	—	3	—	3	
	Not quiescent	4	4	—	—	6	—	9	—	—	10	3	—	34	17	—	51	
	Died in Institution	—	—	—	—	—	—	1	—	—	1	—	—	2	—	—	2	
Class T.B. plus. Group III.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Not quiescent	3	—	—	3	2	—	5	1	—	6	2	—	17	5	—	22	
	Died in Institution	2	2	—	4	—	—	—	—	3	2	1	—	8	6	—	14	
PULMONARY TUBERCULOSIS.																		

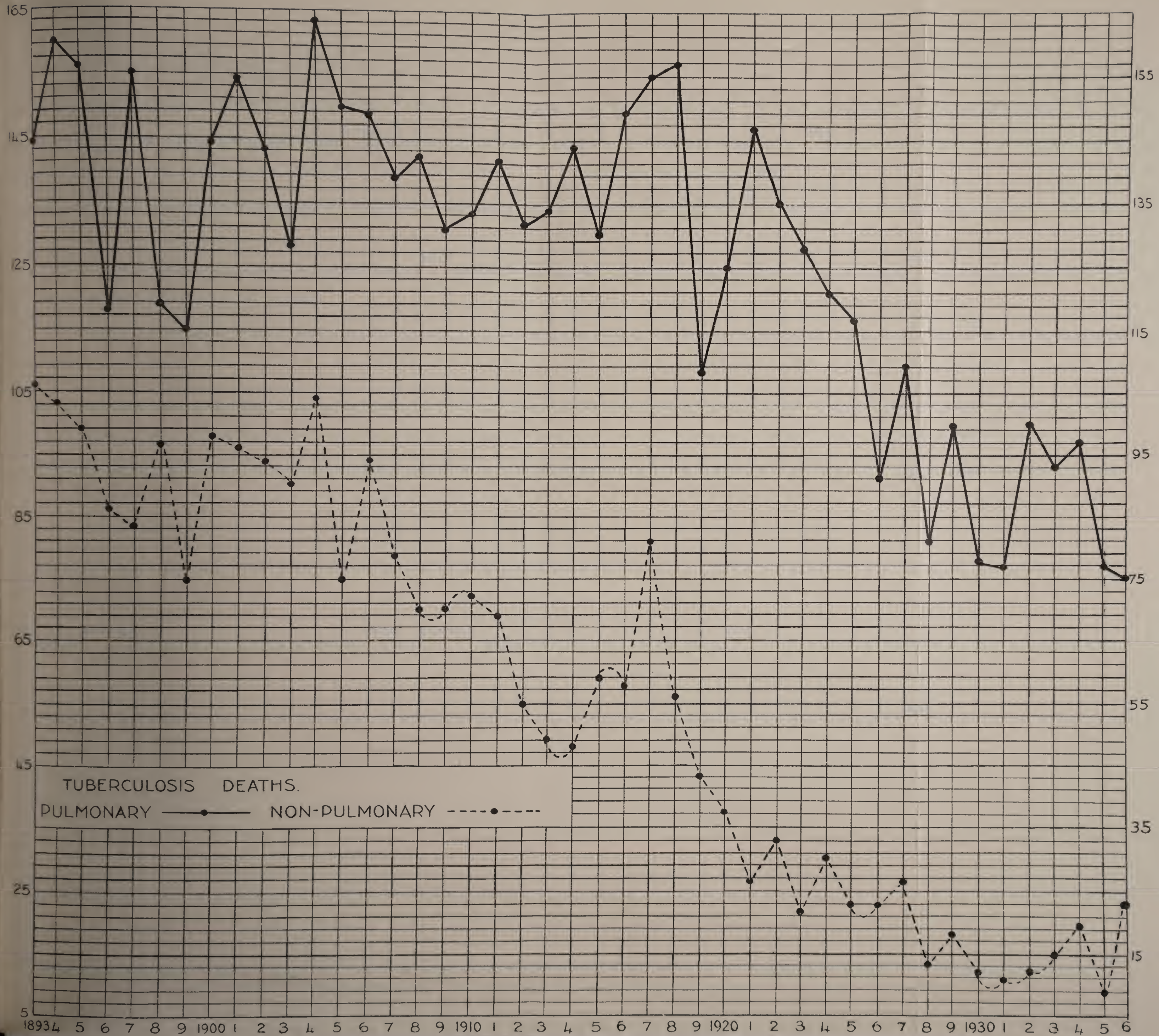
PULMONARY TUBERCULOSIS.

RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF DEFINITELY TUBERCULOUS PATIENTS DISCHARGED DURING THE YEAR FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS—Continued.

Classification on admission to the Institution.	Condition at time of Discharge.	Duration of Residential Treatment in the Institution.															GRAND TOTALS
		Under 3 months, but exceeding 28 days.			3-6 months.			6-12 months.			More than 12 months.			Totals.			
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Bones and Joints.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
	Not quiescent	2	1	—	—	—	—	—	—	—	—	—	—	1	—	1	
	Died in Institution	—	—	—	—	—	—	—	1	—	—	—	—	—	—	4	
Abdom- inal.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Organs.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Not quiescent	—	2	—	—	—	—	—	—	—	—	—	—	2	—	2	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Peri- pheral glands.	Quiescent ...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	
	Not quiescent	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

NON-PULMONARY TUBERCULOSIS.





CANCER.

Facilities are available at the Norfolk and Norwich Hospital for the operative and radium treatment of cancer. This hospital is the Regional Radium Centre for this district and has a loan from the Radium Commission of 400 milligrammes of radium. They have a full time Radium Officer. At the moment they have no deep X-ray plant but there is a new X-ray department in course of construction, and when this is completed during the next few months, deep X-ray treatment will be available. Cancer cases are also admitted to the Norwich Infirmary, and I am informed by the Senior Medical Officer that in the majority of these cases the disease is advanced and inoperable. A number of them are, however, suitable cases for treatment with radium and are treated by one of the consulting surgeons who supplies his own radium. If this facility were not immediately available, arrangements would be made for the transference of the case to the Norfolk and Norwich Hospital.

The Council has not made any specific financial arrangements with the authorities of the Norfolk and Norwich Hospital for the treatment of cancer patients transferred from the Infirmary.

The table on pages 126-127 shows the ages at which death took place and the sites of the disease.

DEATHS FROM CANCER, 1936.

Site of Disease.		0-2	2-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75 & over	Total
<i>1. Alimentary System—</i>												
Mouth and Tongue ...	M.	—	—	—	—	—	—	—	1	2	1	4
...	F.	—	—	—	—	—	—	—	—	1	—	1
Esophagus ...	M.	—	—	—	—	—	—	—	2	3	1	6
...	F.	—	—	—	—	—	1	—	—	—	—	2
Stomach ...	M.	—	—	—	—	—	—	2	2	7	3	14
...	F.	—	—	—	—	—	—	2	4	5	6	17
Small Intestine ...	M.	—	—	—	—	—	—	—	—	—	—	—
...	F.	—	—	—	—	—	—	—	—	—	—	—
Peritoneum ...	M.	—	—	—	—	—	—	—	—	—	—	—
...	F.	—	—	—	—	—	—	—	1	—	—	1
Large Intestine ...	M.	—	—	—	—	—	3	—	5	8	8	24
...	F.	—	—	—	—	—	1	5	5	8	5	24
Rectum ...	M.	—	—	—	—	—	—	—	5	2	—	7
...	F.	—	—	—	—	—	—	—	1	3	2	6
Liver ...	M.	—	—	—	—	1	—	2	1	—	1	5
...	F.	—	—	—	—	—	1	—	3	2	2	8
Gall Bladder ...	M.	—	—	—	—	—	—	—	—	—	1	1
...	F.	—	—	—	—	—	1	—	—	—	—	—
Pancreas ...	M.	—	—	—	—	—	—	1	—	—	—	2
...	F.	—	—	—	—	—	—	1	—	1	—	2
TOTAL ...	M.	—	—	—	—	1	4	5	16	22	15	63
	F.	—	—	—	—	—	3	8	14	20	16	61
<i>2. Respiratory System—</i>												
Nasal Sinuses, Pharynx ...	M.	—	—	—	—	—	—	1	—	—	—	1
...	F.	—	—	—	1	—	—	—	1	1	—	3
Larynx ...	M.	—	—	—	—	—	—	2	1	—	—	4
...	F.	—	—	—	—	—	1	—	—	—	—	1
Trachea and Bronchi ...	M.	—	—	—	—	—	—	—	—	—	—	—
...	F.	—	—	—	—	—	—	1	—	—	—	1
Lungs ...	M.	—	—	—	—	—	—	—	3	—	—	3
...	F.	—	—	—	—	—	—	—	—	—	—	—
Mediastinum ...	M.	—	—	—	1	—	—	—	1	1	1	4
...	F.	—	—	—	—	—	—	—	—	—	—	—
TOTAL ...	F.	—	—	—	1	—	1	1	1	1	—	5

[illegible]

WELFARE OF THE BLIND

BLIND PERSONS ACT, 1920.

REPORT FOR YEAR ENDED 31st MARCH, 1937. MEMBERS OF THE HEALTH (SUB) COMMITTEE RE BLIND PERSONS WELFARE.

Chairman - Alderman Miss M. M. CLARKSON, C.B.E., J.P.

Vice-Chairman - Councillor R. P. BRAUND.

Members:—

Councillors—

Mr. W. H. ffiske, O.B.E.
(Until 9th March)

Rev. H. Pitts

Mrs. A. M. Witard

R. C. Fanthorpe, Esq., *Superintendent and Secretary of the Norwich Institution for the Blind.*

Messrs. G. W. H. Wright and J. Brighty, *Representatives of Blind Persons.*

Statistics.

No. of Blind Persons on Register on 1st April, 1936	...	381
„ „ „ Registered during the year...	...	39
„ „ „ removed from the Register...	...	41
„ „ „ on Register on 31st March, 1937	...	*379

*This number consists of 183 males and 196 females.

	Males.	Females.	Total.
In Norwich Institution for the Blind (Home Department) ...	5	6	11
In the Public Assistance Institution	4	9	13
In Mental Institutions ...	4	4	8
At the East Anglian School for Blind and Deaf Children ...	3	2	5
Under Training... ..	6	3	9
Employed	29	8	37
Other Registered Cases ..	132	164	296
Totals ...	183	196	379

The number of persons on the observation register on the 31st March, 1937, was 212.

62 new cases were examined, 30 of whom were certified "Blind"; 20 cases on the observation register were re-examined, 6 of whom were certified "Blind"; 3 blind persons moved into the City from other districts, making a total of 39 persons registered during the year. 38 blind persons died and 3 removed to other districts.

Employment.

The number of blind persons employed was 37—29 males and 8 females. The classes of employment were as follows:—

Males.

Basket Work	... 11	Brought forward	... 16
Boot Repairing	... 1	Matmakers	... 9
Brush Maker	... 1	Piano Tuners	... 2
Carpenter	... 1	Pianist (part-time)	... 1
Home Teacher	... 1	Solicitor	... 1
Masseur	... 1		
Carried forward		...	16
			— 29

Females.

Machine Knitters	... 5	Brought forward	... 7
Music Teachers	... 2	Masseuse	... 1
Carried forward		...	7
			— 8
		Total	... 37
			—

1 piano tuner also does a little wireless repairing and accumulator charging.

Of these persons, 18 males and 5 females were employed at the Norwich Institution for the Blind; 5 males were working at home under the supervision of St. Dunstan's; and 6 males and 3 females were employed elsewhere.

Training.

The number of persons in training was 9—6 males and 3 females—all being under training at the Norwich Institution for the Blind.

5 children—3 boys and 2 girls—are being educated and maintained at the East Anglian School for Blind and Deaf Children at Gorleston. 1 boy attends no school owing to mental and physical defects, and 1 girl is receiving private tuition.

Finance.

Under Section 102 (1) of the Local Government Act, 1929, the Ministry of Health set out statements of certain fixed sums which are to be paid by the Local Authority to Voluntary Associations for the Blind, in place of the grant formerly paid by the Ministry of Health to these Associations direct, and the contributions made by Local Authorities. Under this scheme

fixed annual sums have been agreed upon, which are payable to Associations as follows:—

	£	s.	d.
Eastern Counties' Association for the Blind ...	47	0	0
National Library for the Blind ...	19	0	0
National Institute for the Blind ...	59	0	0

The annual sum of £1080 has been fixed as the amount payable to the Norwich Institution for the Blind, but this amount is liable to vary in accordance with the number of blind persons attached to that Institution who are registered as Norwich cases. This sum is based upon the payment of the following annual sums per person, according to the department of the Institution to which they are allocated:—

	£	s.	d.
Journeymen ...	65	0	0
Home Inmates—			
Registered Norwich cases who are in receipt of a Blind Pension...	49	8	0
Registered Norwich cases who are not eligible for a Blind Pension...	56	16	0
Persons in the Home Department previous to 1920, but who came from other areas	13	0	0

The following sums were actually paid during the year to these Associations or Institutions:—

	£	s.	d.
Norwich Institution for the Blind ...	2001	14	8
Eastern Counties' Association for the Blind ...	47	0	0
National Library for the Blind ...	19	0	0
National Institute for the Blind ...	59	0	0
Total ...	£2126	14	8

Relief is still granted to unemployable and necessitous blind persons so as to make their income up to 27/6d. per week, and during the year, £10,570 6s. 0d. was paid out by the Council to a weekly average number of 272 persons. On the 31st March, 1937, 273 blind persons were in receipt of allowances.

Home Teachers.

The Home Teachers paid 4887 visits during the year. They instructed and assisted those persons desirous and capable of receiving instruction in Handicraft, Braille and Moon, whilst for others the sighted Home Teacher assisted them with their correspondence and private business matters. The latter is also responsible for investigations into circumstances, etc.

The following lessons in Handicrafts, Braille and Moon were given :—

Braille	...	...	126	Brought forward	...	231
Moon	...	...	60	Pulp Cane...	...	37
Seagrass	...	...	14	Knitting	...	262
Chair Caning	...	...	3	Straw Baskets	...	115
Raffia Work	...	...	28	Deaf-Blind Alphabet	...	5
						<hr/>
						Total ... 650
						<hr/>

The Home Teachers conducted an informal class in Handicrafts at Churchman House on 1 half-day each week. About 6 persons attended these classes regularly.

Social Arrangements.

Monthly "socials" were held throughout the year with the exception of August, and were much appreciated. The average attendance at each "social" was 68 blind persons, and 26 persons acting as guides. At these "socials" we are very much indebted to the Concert Parties and other artists who gave their time for the enjoyment of the blind people, and to the voluntary helpers, especially to the members of Toc H, and some members of the Office Staff.

£54 1s. 5d. has been very generously provided by the Committee of the Norwich Institution for the Blind for the social side of the welfare of blind persons.

On Thursday, 25th June, 1936, the Norwich Rotary Club again arranged an annual outing for the blind. 253 blind persons were conveyed by private cars and buses to Northrepps Hall, where tea and entertainment were provided through the kindness of Mr. and Mrs. C. Gurney.

Wireless Sets, etc.

Since the inauguration of the British Wireless for the Blind Fund, 23 one-valve, 106 two-valve, 45 three-valve wireless sets, and 108 Relays have been provided for blind persons in Norwich. Of this number, 7 one-valve, 32 two-valve, 26 three-valve sets, and 106 Relays are at present in use.

The Rotarians are maintaining a wireless centre for the blind at 63a, Pottergate. The use of this centre is much appreciated by several blind persons.

Blind Persons are responsible for the upkeep of the sets loaned to them, and to assist them in this matter, batteries and other accessories can be purchased by them, through the Health

Department, from the British Wireless for the Blind Fund, at reduced prices. Arrangements exist whereby the Council purchases a battery from the Fund for a blind person on request, and the person is allowed to pay the cost to the Council by weekly instalments of at least 1/-.

The Eastern Counties' Association for the Blind continue to make grants for use in connection with the maintenance of wireless sets and Relays.

Dentures, etc.

The Committee provided dental treatment and dentures to 5 persons free or at part cost, and special surgical appliances to 3 persons free.

The Committee has provided a bath chair, which is loaned to those blind persons who are unable to walk, in order that their relatives and friends can take them out.

Prevention of Blindness.

As there has been no evidence during the year of any difficulty in obtaining medical treatment which would prevent blindness, it was not considered necessary to take any action under Section 66 of the Public Health Act, 1925.

Every effort is, however, made to prevent blindness by securing treatment for gonorrhœal ophthalmia, syphilis and tuberculosis; by increasing the attention to eyes through the Maternity and Child Welfare and School Medical Services; and by improving the attention to the nutrition and living of the people as far as possible. It should be borne in mind, however, that this latter item will lengthen and is lengthening the lives of blind persons as well as those of sighted people, and therefore this lengthening of life tends to keep up the numbers on the Register.

SCHOOL
MEDICAL SERVICE



Norwich Education Authority.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER.

MY LORD MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit the annual report of the School Medical Service for the year ending 31st December, 1936. As in previous years, the arrangement is in accordance with the suggestions of the Board of Education.

The satisfactory result obtained in dealing with Ringworm of the Scalp is mentioned in the body of the report. I would like to express my thanks to Dr. Riddel, Dr. Levack, Miss Rooney and Miss Raddall, who have borne the brunt of this effort and worked unremittingly to bring about the present satisfactory state of affairs.

The campaign against head vermin has been continued with unabated vigour, and really only started to gather momentum through 1936, resulting in a crop of prosecutions under the Norwich Corporation Act, 1933, during that year. It is to be hoped that this again will, in the end, produce a result comparable with that obtained in Ringworm of the Scalp.

The Nutritional Survey last year has affected the Nutritional figures, and the frame of mind induced by it has undoubtedly coloured the findings *re* malnutrition, anæmia, etc., during this year.

The Committee's arrangements for the systematic weighing and measuring of children at regular short intervals, e.g., three months throughout their school life, took effect during the year; medical scales have been provided in all the schools for this purpose.

In September the Committee decided to purchase an audiometer. This has now been obtained and will be used during the coming year by the Ear Treatment Nurses.

The final paragraph of the Senior Dental Officer's report on page 149 is worthy of notice. The foolish attitude of some parents, both on the matter of dentistry and in many other directions as well, appears to be on the increase.

It is to be pointed out to the parents that it is quite ridiculous to expect any child to have enough experience and sense to come to a reasonable decision on important matters. Even legally, children are minors until they are 21 years of age. The entire lack of control and discipline shown by some parents and children is a criticism on the parents themselves. A child's attitude generally arises in response to the attitude of the parents, and parents who expect children and young persons to have experience and wisdom, are obviously lacking in experience or wisdom themselves.

My thanks are again, as always, due to the members of the Education Committee for their support, to the teachers, the staff of the Education Department, and my own staff, for the assistance given so readily throughout the year.

I have the honour to be,

Your faithful servant,

V. F. SOOTHILL.

4th March, 1937.

(1) **Staff.** See pages 9 and 10.

(2) **Co-ordination.** The whole of the Public Health Staff is co-ordinated in and directed from the office of the Medical Officer of Health.

The arrangements previously existing for many years have not been altered. One clinic is held weekly at the Tuberculosis Clinic for school children who are suspected to be suffering from tuberculosis, or who are contacts of such cases.

The School Nurses also act as Health Visitors and the visitation of mothers and infants is carried out by these Officers. Infant Welfare Centres were conducted as under :—

St. Catherine's Hall	...	...	Monday and Friday mornings.
The Methodist Hall, Southwell Road			Monday afternoons.
St. Barnabas' Parish Hall	...	...	Tuesday mornings and, from 23rd October, Friday afternoons.
Martineau Hall, Colegate	...	...	Tuesday afternoons and, until 16th October, Friday afternoons.
St. Julian's Parish Hall	...	...	Wednesday mornings.
Thorpe Hamlet Senior Girls' School			Wednesday afternoons.
Catton Church Room	...	...	Thursday mornings.
Eaton Parish Room	...	...	Thursday afternoons.

The treatment of infants at special clinics, i.e., Eye Clinics, etc., are available as before.

11,719 visits were paid by the Health Visitors during the year to children between the ages of 1 to 5 years, and 21,803 attendances were made at the Infant Welfare Centres by children of these ages.

(3) **School Hygiene.** One of the older schools was closed during the year. The Committee has had under consideration a scheme of reorganisation and improving some other older school buildings. This work will be commenced during 1937. The more modern schools, which accommodate the bulk of the children, are more satisfactory—the cloak-room accommodation in most of them is adequate, and in many there is provision for the drying of clothes. All the schools have electric light. Eight schools have grass playing grounds attached.

Up-to-date drinking arrangements have been installed in all the schools, otherwise the hygienic arrangements are as before.

With the exception of the Open Air School, including the school for mentally defectives, none of the schools is provided with a bath.

(4) **Medical Inspection.** There is 1 Mixed Central School, an Open Air School on the site of which is the Special School for Mentally Defectives, and 27 Elementary Schools with 61 Departments—20 Infants, 2 Primary Girls and Infants, 2 Primary and Infants, 14 Primary Mixed, 2 Primary Boys, 2 Primary Girls, 9 Senior Girls, 8 Senior Boys, 1 Boys and 1 Girls and Juniors. The total number of children attending these schools on 23rd December was 15,987.

There are 2 Secondary Schools, 1 Junior Technical School, 1 Junior Art School and 1 Junior Commercial School (opened 7th January, 1936), with 1199, 156, 49 and 118 scholars respectively.

The arrangements for notifying Head Teachers and parents of School Medical Inspections and the assistance given by the School Nurses remain the same as in previous years. At some schools the examinations have to be held under trying conditions, due to lack of adequate rooms, etc.

In the Report for 1935 it was mentioned that the Age Groups for the routine examination of school children had been revised, the revision having been approved of by the Board. The Routine Medical Inspections of children are now at the following ages :—Entrants (Board's first Age Group), 8 years (Board's second Age Group), 11 years (corresponding to the Board's third Age Group of 12 years) and 2 other Age Groups are still included, i.e., 6 years and 13 years, instead of 10 years and 13 years. The programme of Routine Medical Inspection of all these Groups was completed during the year.

The numbers of children who were examined at the Elementary Schools during the year in the various groups are as follows :—

				Boys.	Girls.	Totals.
Entrants	...	...	...	870	897	1767
Intermediate (8 years)	...	...	...	801	809	1610
Leavers	...	...	...	945	884	1829
Other Groups : 6 years	...	...	...	665	691	1356
13-14 years	...	...	...	937	804	1741
Miscellaneous	...	...	...	397	421	818
TOTALS	...	...	...	4615	4506	9121

(5) **Findings of Medical Inspection.** Facts disclosed by Medical Inspection.

ELEMENTARY SCHOOLS.

Defect or Disease.	Routine Inspections.	"Specials" at School or Clinic.	Total Defects.	Referred for Treatment.
Uncleanliness :				
Head	59	646	705	705
Body	8	4	12	11
Minor Injuries, Septic Sores, etc.	32	1571	1603	1598
Tonsils and Adenoids ...	336	290	626	230
Other Diseases of the Nose and Throat	64	605	669	618
Pulmonary Tuberculosis :				
Definite	—	2	2	2
Suspected	—	—	—	—
Non-Pulmonary Tuberculosis	2	22	24	24
Skin Diseases	103	1024	1127	1096
External Eye Diseases ...	56	366	422	395
Vision and Squint	514	540	1054	910
Ear Disease and Hearing ...	59	238	297	262
Dental Diseases	41	193	234	211
Crippling Defects, Deformities, etc.	237	159	396	314
Malnutrition	714	264	978	901
Enlarged Cervical Glands (Non-Tuberculous) ...	67	217	284	166
Defective Speech	21	22	43	22
Heart and Circulatory Diseases	211	208	419	356
Bronchitis	95	102	197	161
Other Non-Tuberculous Diseases of the Lungs ...	19	99	118	101
Diseases of the Nervous System	98	122	220	151
Other Defects and Diseases ...	298	1573	1871	1563

(6) **Following Up.** The following up arrangements by the School Nurses, etc., have not been altered during the year.

During the year 19 cases were referred by the Enquiry and Welfare Officers or myself to the Inspector for the Prevention of Cruelty to Children for the undermentioned reasons :—

Children with defective vision or cases in which parents refused to obtain spectacles.	5
Cases of neglect	10
Children with Ear trouble and Dental Disease (one each)	2
Cases of uncleanliness	2
TOTAL	19

During the year the School Nurses paid 2005 visits to these Medical Advice cases.

(7) **Arrangements for Treatment.** Minor Ailments are treated at Churchman House each morning, and clinics have also been held on Monday, Wednesday and Friday afternoons for many years. At these clinics, "Special" cases, i.e., Malnutrition cases, etc., are seen.

The Ophthalmic Surgeon usually attended on 3 mornings each week.

There is also a Special Clinic for children on Saturday mornings, at which children requiring special consideration are seen. The arrangements for operative treatment for tonsils and adenoids at the Hospitals are unchanged. Dental Clinics are conducted daily at Churchman House. The Ear Clinic arrangements have been somewhat extended during the year (see pages 146-148).

During the year an Orthopædic Scheme was commenced, and children suffering from crippling defects and deformities are now referred to the Orthopædic Surgeon who advises what treatment is necessary and instructs the Orthopædic Nurse accordingly. The Orthopædic Surgeon, who is on the Honorary Staff of the Norfolk and Norwich and Jenny Lind Hospitals, also carries out operative treatment at these hospitals, where necessary. A few cases have been sent to Melton Lodge. A few other cases of children suffering from crippling defects are still sent to the Royal National Orthopædic Hospital, London, as they were under treatment there before the local scheme started. Parents are asked to contribute according to their financial circumstances, when surgical boots, etc., are recommended and when children are admitted as In-patients to the hospitals (see pages 152-154).

The Medical Inspectors on revisiting the schools are specially directed to have children, who previously have been referred for treatment, brought forward for reinspection so that the results of treatment can be observed and recorded.

The Invalid Children's Aid Association did valuable work in connection with the provision of treatment for children suffering from Crippling Defects, Anæmia, Debility, etc. In cases where surgical boots, etc., are necessary for Crippling Defects the Secretary arranges for measurements to be taken and estimates obtained. The cases are referred to the Education (Sub) School Attendance and Physical Care Committee, who decide whether or not the parents should contribute. In the event of the parents being asked to contribute, the Secretary for the Association collects the contributions, which are handed over to the Education Committee. The Secretary also takes an active part in the making of arrangements for the admission of children to

hospital. During the year 30 cases of providing children of school age (29 Elementary and 1 Secondary) with surgical boots and appliances for Talipes, Infantile Paralysis, Club Feet, Flat Feet and Spinal Curvature were dealt with through the Association. 473 (470 Elementary and 3 Secondary) cases of school age were provided with Malt and Oil, Virol, etc., either free or at part or cost price. Arrangements were made for 115 children of school age (112 Elementary and 3 Secondary) to be admitted to convalescent homes for Anæmia, Debility, etc., and for 26 Elementary School children to stay in the country. A contribution of £25 per annum is made by the Education Authority to the Association.

The following are the results obtained by the end of 1936 :—

Defect or Disease	Referred for Treatment during 1936 and Treated		Referred for Treatment previously but treated during 1936		Total Defects Treated	Total Defects Cured
		Cured		Cured		
Minor Injuries, Septic Sores, etc. ...	1576	1493	34	34	1610	1527
Tonsils and Adenoids ...	178	178	33	33	211	211
Other Diseases of the Nose and Throat ...	586	503	62	28	648	531
Pulmonary Tuberculosis:						
Definite ...	2	—	9	—	11	—
Suspected ...	—	—	—	—	—	—
Non-Pulmonary Tuberculosis ...	24	—	87	5	111	5
Skin Diseases ...	1053	897	131	93	1184	990
External Eye Diseases...	351	273	94	46	445	319
Vision and Squint ...	823	449	65	36	888	485
		(Glasses prescribed)		(Glasses prescribed)		(Glasses prescribed)
Ear Disease and Hearing	241	134	135	46	376	180
Crippling Defects, Deformities, etc. ...	180	26	185	30	365	56
Malnutrition ...	735	35	1254	115	1989	150
Enlarged Cervical Glands (Non-Tuberculous) ...	154	114	54	18	208	132
Defective Speech ...	14	1	19	4	33	5
Bronchitis ...	142	50	140	30	282	80
Other Non-Tuberculous Diseases of the Lungs	101	45	66	13	167	58
Heart and Circulatory Diseases ...	301	48	339	74	640	122
Diseases of the Nervous System ...	134	20	224	29	358	49
Other Defects & Diseases	1451	796	924	236	2375	1032

It was known that 5 children were operated on for Mastoid Diseases and 2 for Squint.

RINGWORM.

No. OF CASES TREATED.

			Local Authority.	Otherwise.	Total.
Ringworm—Scalp	...	...	6	—	6*
„ Body	...	...	13	—	13†

*Includes 3 cases continuing treatment from previous year.

†Seen at the School Clinic.

3 new cases (all boys) of Ringworm of the Scalp were referred for treatment; all were of the age of 6 years or under. 6 cases of Ringworm of the Scalp were declared cured, all by X-ray treatment. At the end of the year there was no case of Ringworm of the Scalp amongst children of school age. This is a satisfactory conclusion to a long drawn-out effort towards the prevention of Ringworm. In December I was able to report to the Committee that there was no case of Ringworm of the Scalp in school children known to me in Norwich. There are some cases under school age, and they may become of school age before they are cured. Further, we are always subject to importations, so that one cannot anticipate that we shall remain free, but comparing our present state with the conditions in 1926, the change is very welcome.

In addition to, and not included in the above figures, 6 cases under the age of 5 years were treated, of whom 3 (all girls) were new cases. 2 of these children were cured. At the end of the year there were 4 cases in children under school age.

For each of the years 1926 to 1936, inclusive, the number of new cases of Ringworm of the Scalp in boys exceeded that in girls, the total number of new cases for the period being:—Boys, 396; Girls, 257. These numbers do not include those children who attained the age of 5 years during the respective years whilst under treatment, as the sexes have not been recorded separately.

All Ringworm contacts in the same family have been examined throughout the year.

Dr. Levack, D.M.R.E, attended at Churchman House as occasion demanded and treated during the year 3 school children, one of the School Nurses assisting him.

At the end of the year there was 1 case of Ringworm of the Scalp in a child under school age in the Public Assistance Infirmary. This case is included in the numbers above.

2 cases of Ringworm of the Scalp in children from Norfolk were X-rayed during the year.

From the following comparative figures for recent years it will be seen that the number of children suffering from this disease has been greatly reduced.

Year		No. of New Cases	No. of Cases from previous Year	Total Treated in Year	Cases declared Cured		
					By X-rays	By other Methods	Total Cured
1923	...	200	153	353	4	209	213
1924	...	176	140	316	2	189	191
1925	...	149	125	274	2	141	143
1926	...	197	131	328	7	130	137
1927	...	171	191	362	54	90	144
1928	...	88	218	306	99	111	210
1929	...	45†	85†	133	53	47	100
1930	...	47*	34†	81	44	11	55
1931	...	37*	23	60	24	6	30
1932	...	32*	28	60	26	11	37
1933	...	18*	22	40	19	14	33
1934	...	26*	7	33	15	7	22
1935	...	7*	11	18	8	5	13
1936	...	3*	3	6	6	—	6

*Includes the children who attained the age of 5 years.

†Includes one return case.

‡Three further cases left the City in 1928 and returned in 1929.

SCHOOL CLINIC.

21,722 attendances were made during the year at the Minor Ailments, School, and the Saturday morning "Special" Clinics.

The following is a summary of the defects treated :—

Disease.				No. of Children Treated.	Cured.
Ringworm of the Body	...	...	...	13	13
Scabies	...	...	...	28	28
Impetigo	...	...	...	356	329
Other Skin Diseases	...	...	...	641	544
Minor Eye Defects (Conjunctivitis, Blepharitis, Styes, etc.)	...	...	...	363	284
Ear Defects (Wax, Otorrhœa, Boils, etc.)	...	...	...	75	61
Enlarged Glands	...	...	...	96	82
Defects of Nose and Throat	...	...	...	138	119
Miscellaneous (Minor Injuries, Bruises, Sores, Chilblains, etc.)	...	...	...	1555	1485
Other Defects and Diseases	...	...	...	40	32

TREATMENT OF DISCHARGING EARS.

The arrangements which commenced at the end of 1932 for the treatment of discharging ears in children have continued throughout the year.

In November a second Ear Nurse was appointed so that instead of treating children in certain schools only, it was found possible to treat children from all the schools (including Secondary Schools) in the City. For the benefit of the Nurses, however, arrangements were made for 4 Nurses to spend half their time treating ears, and the other half of their time on Maternity and Child Welfare work, etc. This is a much more satisfactory arrangement, as, previously, the Nurses who were wholly engaged in treating ears did not stay long at the work. Children under 5 years of age, not attending any school, have been examined and the treatment carried out by the Cavell Nurses. A few of the children attending schools near the Jenny Lind Hospital can, and still do, attend there daily for the same treatment.

The cases which have been examined have come to our notice through various agencies, viz., the School Medical Staff, Head Teachers, Infant Welfare Centres and Public Assistance District Medical Officers' lists.

96 new cases of discharging ears in Elementary School children were examined by the Ear, Nose and Throat Specialist during the year, including 6 cases who had been discharged "dry" previous to 1936, but discharge had recurred. 1 Secondary School case was also seen by the Specialist. This figure does not represent a real increase in the incidence of Otorrhœa throughout the City, but is due to the increased Nursing Staff and the improved ascertainment.

91 cases of Elementary School children suffering from discharging ears who came to our notice previously to 1936 were also examined. In addition, 4 Secondary School cases were also examined. All these cases were found to require treatment.

44 other cases were seen by the Specialist, but they did not need or receive treatment during the year.

The following tables show the recommendations made by the Specialist and the results obtained at the end of the year :—

NEW CASES.

Recommendation.	No.	No. treated.	Fit.
Treatment by Ear Nurse ...	74*	74	22
„ „ Cavell Nurse ...	1	1	1
„ at Jenny Lind Hospital ...	4	4	2
„ by Tonsils & Adenoids			
Operations ...	2	1	1
No treatment ...	16	—	—
TOTALS ...	97	80	26

*Other treatment recommended in addition to treatment by the Ear Nurse was as follows :—

Tonsils and Adenoids Operations	...	5
Mastoid Operation ...	...	1
Hospital Treatment for Eczema	...	1

Of the cases seen above, 1 also had earache, 1 deafness, 1 eczema and 1 impetigo.

CASES RECORDED PREVIOUS TO 1936.

Recommendation.	No.	No. treated.	Fit.
Treatment by Ear Nurse ...	85*	85	26
„ at Hospital ...	4	4	—
„ by Tonsils & Adenoids			
Operations ...	4	4	4
„ „ Parents at home ...	2	2	—
TOTALS ...	95	95	30

*Other treatment recommended in addition to treatment by the Ear Nurse was as follows :—

Tonsils and Adenoids Operations	...	4
Ionization ...	...	1 (Refused treatment)
Ionization and Mastoid Operations	...	2
Mastoid Operation ...	...	1

Children with Earache. 5 children were examined for Earache and were recommended treatment as follows :—

Removal of Wax ...	...	4 (3 Fit)
No treatment ...	...	1 (1 Fit)

TOTAL ... 5

Children with Deafness. 3 children were examined for Deafness; 2 were recommended operations for Tonsils and Adenoids and 1 no treatment. All were reported fit.

Children under 5 years of age. 12 new cases were examined by the Specialist. 1 case needed no treatment. 11 were referred to the Cavell Nurses for treatment, 5 of which had no discharge at the end of the year.

23 cases which came to our notice previous to 1936 were seen by the Specialist, 17 of which were just routine re-examinations. Of the 17 cases, 10 were reported fit and discharged; the other 7 were to be re-examined at future dates. 6 children were referred to the Cavell Nurses, 4 of which had no discharge at the end of the year.

DENTAL INSPECTION AND TREATMENT.

The whole of the children attending Elementary Schools were inspected during the year.

Further efforts have been made to cut down the number of "Casuals" during the year. Children who are found to have dental defects at the inspections carried out in the schools are given a dental letter which specifies the nature of the treatment recommended by the School Dental Officer, and asks for the parents' consent to such treatment being carried out. The letter must be signed by the parent before an appointment is given.

The tables on pages 150-151 show the work done in the Dental Clinic.

THE SENIOR DENTAL OFFICER REPORTS :—

"The School Dental Service is staffed by 3 whole-time Dental Officers. Their duties include the inspection and treatment of all Elementary School children, including the Open Air School, also those patients referred under the Maternity and Child Welfare, Tuberculosis and Blind Schemes.

Secondary School children at present are treated only when they attend as "Casuals" or are referred by the Medical Officers, but it is hoped, in the near future, to arrange that these children will be inspected and treated by the Dental Officers in the same way as Elementary School children.

The number of children treated is slightly higher than last year, but the volume of conservative work is considerably greater, one pleasing feature of the year's work being the fact that 1265 fewer permanent teeth (Elementary and Secondary School cases) were extracted than in 1935, while the number of fillings was nearly doubled.

Orthodontics. The large number of permanent other operations is accounted for by the amount of Orthodontic treatment

carried out. We have had under treatment 110 cases, each child being required to attend twice a week for some considerable time. The results in most cases have been most encouraging and satisfactory, and appreciated by the parents, as they have been able to see for themselves the obvious improvements in the appearance of their children.

It is pleasant to put on record that a private Dental Surgeon in the City has kindly and voluntarily acted as a second opinion when asked to do so by the Senior Dental Officer in difficult cases. This co-operation is very much appreciated.

It is distressing to note in the course of the School Inspections that the majority of the refusals of dental treatment come from the Senior Boys' and Girls' Schools, parents complacently informing the Dental Officers that a child at the age of 12 years is old enough to decide whether or not it should have treatment."

Elementary Schools. The arrangements previously in force have not changed.

The Dental Officers devoted 138 half days to the inspection of children in the schools and examined 17,209 scholars—an average of 124.7 per session. 12,313, or 71.5 per cent., were found to need treatment (in 1935, 77.5 per cent. were referred); 5622, or 45.7 per cent. of these attended at the School Dental Clinic for treatment (in 1935, 38.2 per cent. attended).

1683 children were sent to the Dental Clinic by the Medical Officers, Head Teachers, School Nurses, etc., for examination. In the opinion of the Dental Officers 1565 of these needed treatment and received it—the total number of Elementary scholars treated during the year being 7187. These made 11,964 attendances.

10,897 teeth were extracted, and 6541 rendered artificially sound. 4721 general anæsthetics for extractions were administered.

Secondary Schools. Scholars attending these schools have not been submitted to inspection by the School Dental Officers. The Medical Inspectors have given the teeth the necessary attention and referred for treatment at the routine medical inspection 303 children, or 20.2 per cent. of the number examined.

During the year 197 scholars availed themselves of the facilities afforded at the School Dental Clinic, and paid 878 visits. 303 teeth were extracted and 608 teeth rendered artificially sound. 109 general anæsthetics for extractions were administered.

WORK DONE IN THE DENTAL CLINIC DURING—

School Children.

(Elementary and Secondary)—

	1936	1935	1934	1933	1932	1931	1929	1928
No. Examined at School	17209	16685	6296	5978	4808	4741	5275	5582
No. Treated, including "Specials" ...	7384	7453	5179	5388	5717	6130	5171	5191
Total number of attendances at the Clinic ...	12842	12071	9720	9563	9562	9875	8168	8225
No. of Teeth Filled ...	7149	3664	2202	1492	1671	1270	1601	942
No. of Teeth Extracted...	11200	16120	9458	11267	11605	11584	7866	7380
No. of Administrations of General Anaesthetics ...	4830	5965	4352	4642	4098	3874	2394	2221
No. of Other Operations...	2618	1734	816	799	760	1640	3507	3289

Maternity and Child Welfare.

Mothers—

No. Treated ...	291	247	233	219	245	289	191	164
Total number of Attendances at the Clinic ...	1299	960	1142	1108	1267	1331	884	605
No. of Teeth Extracted...	2262	1830	1249	1460	1439	1527	1191	1318
No. of Teeth Filled and Other Operations ...	606	426	520	427	238	44	34	23
No. provided with Artificial Dentures ...	138	105	104	101	104	108	71	66
No. of Administrations of General Anaesthetics ...	543	454	469	482	412	375	191	218

*Children under 5 years of
age who attend no
School—*

No. Treated	293	270	288	253	203	186	132	86	61
Total number of Attend- ances at the Clinic ...	311	305	325	312	385	353	230	157	74
No. of Teeth Extracted...	664	719	577	605	516	507	312	218	170
No. of Other Operations...	11	10	16	2	12	4	11	83	6
No. of Administrations of General Anaesthetics ...	293	271	297	288	240	206	140	73	49

Tuberculosis.

No. of Patients Treated ...	31	32	33	21	26	35	41	11	12
*Total number of Attend- ances at the Clinic ...	130	170	150	64	87	135	123	93	28
No. of Teeth Extracted...	89	149	155	106	69	131	104	54	20
No. of Other Operations...	70	93	71	17	14	9	22	10	8
No. of Patients provided with Artificial Dentures	18	18	12	4	7	5	9	5	4
No. of Administrations of General Anaesthetics ...	1	1	4	8	7	16	13	10	4

*Includes attendances on patients by visits of the Dental Officers to Institutions.

8 blind persons made 37 attendances, had 32 extractions, 3 general anæsthetics and 65 other operations. 15 received dentures.

No child under the care of the Mental Treatment Committee was treated during the year.

TREATMENT OF ORTHOPÆDIC CASES.

In June a scheme for the treatment of orthopædic cases was commenced. This scheme covers the treatment of all children suffering from orthopædic defects under school leaving age, and the treatment of all cases of tuberculosis of the bones and joints. Mr. H. A. Brittain, F.R.C.S., was appointed Orthopædic Surgeon, and a Masseuse specially trained in orthopædic work was also appointed. Clinics are held at the local hospitals, by arrangement with the Hospital Authorities, usually on Saturday mornings, and cases of orthopædic defects are referred to Mr. Brittain at the Clinics.

Whilst under treatment the cases are seen by Mr. Brittain as often as may be required and at least every 12 months, and similarly by the Orthopædic Masseuse, but at least every 6 months. The arrangements for institutional treatment are that the cases go to the Norfolk and Norwich or Jenny Lind Hospitals for short term periods of treatment, i.e., 6 weeks or less, and to Melton Lodge, Great Yarmouth—an approved Orthopædic Institution under the Norfolk County Council—for long term periods of treatment, when accommodation is available.

The following table shows the number of days spent in Institutions by orthopædic cases since the scheme commenced :—

	Education Cases.	M. & C.W. Cases.	T.B. Cases.
Norfolk and Norwich Hospital	27	—	82
Jenny Lind Hospital ...	190	156	197
Cromer Convalescent Home ...	28	—	—
Melton Lodge ...	45	193	45

At the commencement of the scheme, a list of the children under treatment at the hospitals was prepared, and this list formed the nucleus of the cases for treatment.

Cases are referred by the Doctors from School Medical Inspections, School Clinics, Infant Welfare Centres and the Tuberculosis Clinic. The hospitals also refer cases for inclusion in the scheme.

192 Elementary School children and 15 Secondary School children were seen by the Orthopædic Surgeon at the Orthopædic Clinic, and the following recommendations were made :—

Recommendation.	Total No.	No. Treated.
Exercises at School ...	56	56
„ „ Hospitals ...	8	8
„ „ Home ...	4	4

Recommendation.	Total No.	No. Treated.
Exercises and Wedges in footwear ...	12	12
„ „ Night Splint ...	1	1
„ „ Strapping ...	1	1
„ „ Massage ...	1	1
Massage ...	2	2
Wedges and Cleats in footwear ...	46	46
„ „ Night Splint ...	1	1
Night Splint ...	1	1
Plaster and Strapping Correction ...	5*	5
„ „ Surgical Boots ...	1	1
Surgical Boots and/or Instruments ...	7	7
Operations and Treatment at Hospitals (Out-Patients and In-Patients) ...	23†	12
No Treatment advised ...	38	—
	(4 marked off Fit)	
	<hr/> 207	<hr/> 158

*Includes three cases referred to Out-Patients' Department at Hospital.

†Includes nine cases on waiting list at end of year, one case that left Norwich, and one case in which operation was refused, and one case which was transferred to Melton Lodge.

Children under 5 years of age. 64 children under school age were seen at the Clinic, and dealt with as follows:—

Recommendation.	Total No.	No. Treated.
Wedge and Cleats in footwear ...	19	19 (1 Fit)
„ „ Night Splint ...	1	1
Wedges and Heliotherapy ...	1	1
Massage ...	2	2
Plasters ...	3	3
Operations and Treatment at Hospitals	5	4
Treatment at Melton Lodge ...	1	1
Passive Stretching ...	2	2
Exercises and Splint ...	1	1
Oil and Malt, etc. ...	4	4
„ „ and Heliotherapy ...	2	2
„ „ „ Wedges ...	1	1
No Treatment ...	22	—
	<hr/> 64	<hr/> 41

The following table shows the diagnosis of the above-mentioned cases :—

Diagnosis.	School Children.		
	Elementary.	Secondary.	M. & C.W.
Genu Valgum	41	3	20
Kyphosis and Scoliosis	56	3	—
“Valgus Feet”	22	2	3
Miscellaneous	73	7	41
TOTALS	192	15	64

Tuberculosis Cases. 15 cases of tuberculous bones and joints were seen at the Clinic and dealt with as follows :—

Recommendation.	Total	No.
	No.	Treated
Operations and Treatment at Hospitals	5	4
Treatment at Melton Lodge	1	1
Surgical Instruments	5	5
Plaster	1	1
No Treatment	3	—
	15	11

The diagnosis of these cases is :—

T.B. of the Hip	6
„ „ Knee	3
„ „ „ (arrested)	1
„ „ Spine	3
„ „ Humerus	1
„ „ Metatarsal Bones	1

UNCLEANLINESS.

The School Nurses visit the schools periodically for the purpose of examining children for uncleanness.

Under Section 73 of the Norwich Corporation Act, 1933, the School Nurses report any children they find whose persons or clothing are in a verminous or filthy condition, to the office; the children are immediately excluded from attending school and a Statutory Notice is sent to the parents giving them 24 hours in which to cleanse them. The standard adopted is that if a single nit or louse is seen the child is excluded and a Statutory Notice sent. No child is re-admitted to school without a medical certificate of cleanliness. Similar action is taken in any case found by a doctor during medical inspection or at the Clinic. If a child attends the Clinic before the 24 hours' notice has elapsed and is

still not clean, the parents are offered voluntary cleansing, but if the 24 hours have elapsed the child is compulsorily cleansed. After compulsorily cleansing a child for the first time, the School Nurse visits the parents and gives instructions as to the best methods of effecting cleansing. The Committee have decided to prosecute the parent of any child for whom 3 Statutory Notices have been served within a period of 2 years.

The following table shows the number of Statutory Notices served in respect of Elementary School children and the results obtained :—

				1936.	1935.
No. of children examined by the School Nurses				40411	30986
*Total No. of Notices served				705	728
,, ,, Individual children concerned...				614	617
,, ,, cases voluntarily cleansed ...				229	304
,, ,, ,, compulsorily cleansed ...				310	385
,, ,, ,, cleansed at parents' request				161	35
,, ,, ,, not cleansed (left school, under age, etc.) ...				5	4

*These figures include the cases found by the School Medical Officers and the School Nurses.

During the year 1 parent was prosecuted 3 times in respect of the same child, 1 parent 3 times in respect of 2 children, and 1 parent 3 times in respect of 3 individual children; 2 parents twice each in respect of the same child, and 24 parents once each. 2 cases were dismissed with cautions, and the others were fined sums from 1/- to 10/-. In addition, 14 letters of warning were sent to parents.

No notices *re* uncleanness of clothing were sent out during the year.

Head Teachers notify me of the names and addresses of any children they have had to exclude from school for uncleanness. These cases are visited by the School Nurse and are not re-admitted until certified fit by one of the Medical Officers. With a view to promoting cleanliness in the schools "Sacker Hygienic Combs" have been sold from my Office to parents at cost price or less, and some have been given free in necessitous cases.

During the year the School Nurses made 40,411 examinations of children in the Elementary Schools for uncleanness. 530 individual children were found unclean.

The School Nurse paid 6 visits to the Girls' Secondary School and made 1782 examinations for uncleanness. 2 children were found unclean.

(8) **Infectious Diseases.** The general arrangements with regard to infectious diseases have remained unaltered. It is very important that Head Teachers should notify to the Public Health Department all cases of infectious disease which come to their notice.

36 cases of Chicken Pox, 25 Diphtheria, 9 Scarlet Fever, 9 Mumps, 35 Whooping Cough and 14 Measles were discovered at the School Clinic, or, in the case of Diphtheria, by the routine swabbing of contacts of school age.

The infectious diseases during 1936 were moderately active, as is shown by the table on pages 158-159. It was certainly a measles year with 1647 cases. There were 3 measles deaths in school children, 1 case having the complication of meningo-encephalitis. Whooping Cough was prominent with 466 cases, and there were 2 deaths in school children. Chicken Pox was rather prominent with 388 cases, and there was a little Rubella. Scarlet Fever was low in incidence.

With regard to Diphtheria, a certain amount of anxiety was expressed by the teachers and the Committee, and this may have led to alarmist rumours amongst the public when one or two schools showed some temporary rise in their Diphtheria incidence, but, as the figures show, 1936 has produced fewer cases of Diphtheria in school children than any year since 1927. There were 73 cases and, therefore, although two or three schools did have distressing experiences, there can be no question of there having been any unusual outbreak. Unfortunately, the Diphtheria which occurred was of rather a virulent type, so that there were 6 Diphtheria deaths amongst school children, but even this is a reduction on the number of deaths for 1935, when there were 8 deaths. Cavell School suffered the worst experience with 3 deaths. There was 1 each in Thorpe Hamlet School, Norman School and Dowson School. The Health and Education Committees have continued to offer free immunisation for all school children and the alarm produced by these cases caused a slight and temporary rise in the number of children immunised, but this has rapidly fallen away and the numbers being immunised are in fact very small.

There was 1 Influenza death in a school child. There was 1 case each of acute Poliomyelitis and of Typhoid Fever in school children, but in neither case was the source traced.

Pulmonary Tuberculosis. There were 5 cases of Pulmonary Tuberculosis notified amongst school children during the year. There was 1 case at each of the following schools:—Angel Road, Lakenham, Nelson Street, Wensum View and the Junior Technical. In this connection, it is of interest to recall that

there have been, in the last few years, a few cases of Pulmonary Tuberculosis amongst the staff connected with the schools, i.e., 2 or 3 teachers and 1 or 2 caretakers. This incidence of notifiable Pulmonary Tuberculosis in school children taken in conjunction with our experience in 1934, when we had 6 cases between 5 and 15 years of age notified, is disquieting.

A few cases received voluntary prophylactic vaccination against Whooping Cough.

INFECTIOUS DISEASES IN SCHOOLS, 1936.

SCHOOLS.	Number on Roll.	DIPH- THERIA.			SCARLET FEVER.		MEASLES.		RUBELLA (German Measles)		CHICKEN POX.		WHOOPING COUGH		CEREBRO- SPINAL FEVER.		MUMPS		NON PUL. T.B.	
		Cases.	Carriers	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.
Angel Road ...	834	3	—	5	25	33	57	13	—	—	5	—	15	1	—	—	—	—	1	—
Avenue Road...	826	1	1	3	9	7	21	4	—	—	43	—	26	5	—	—	—	—	—	—
Bull Close ...	739	1	—	5	—	1	131	7	—	—	8	—	26	1	—	—	1	—	2	—
Catton Grove...	522	14	4	20	4	6	73	12	2	—	14	—	22	5	—	—	—	—	—	—
Cavell ...	567	14	2	35	5	7	30	5	—	—	3	—	27	2	—	—	—	—	1	—
College Practising	278	—	—	—	1	3	55	—	—	—	11	—	10	3	—	—	—	—	—	—
Colman Road...	711	—	—	6	2	5	116	20	—	—	48	—	27	3	—	—	1	—	—	—
Central ...	74	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Crook's Place	711	2	1	3	2	4	168	19	—	—	5	—	16	2	—	—	—	—	2	—
Dowson ...	938	12	1	14	6	14	75	30	1	—	16	—	40	4	—	—	1	—	—	—
George White	635	—	—	—	—	4	110	2	2	—	33	—	13	—	—	—	—	—	4	—
Heigham Street	273	3	—	2	4	5	32	16	—	—	31	—	12	1	—	—	1	—	—	—
Horn's Lane ...	270	—	—	—	6	6	36	8	—	—	4	—	4	1	—	—	4	—	—	—
Lakenham ...	664	2	1	5	5	3	56	—	—	—	66	—	27	—	—	—	—	—	—	—
Lakenham St. Mark's	706	—	1	2	5	3	62	4	—	—	7	—	36	—	—	—	—	—	—	—
Model ...	259	—	—	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Mousehold Avenue	247	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nelson Street...	913	—	—	—	17	15	64	84	—	—	4	—	20	3	—	—	2	—	—	—
Norman ...	947	6	1	9	10	16	97	30	1	—	7	—	12	1	—	—	—	—	1	—
Philadelphia ...	311	—	1	4	4	15	55	29	2	—	4	—	11	1	—	—	1	—	—	—
St. Augustine's	838	—	1	5	2	9	38	2	1	—	7	—	32	1	—	—	1	—	—	—
St. Giles'	105	—	1	—	—	—	10	3	—	—	—	—	1	1	—	—	—	—	—	—
St. Paul's & Old Meeting	*—	—	—	—	—	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—

Sprowston Surrey Road ...	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
Thorpe Hamlet	1272	13	3	16	1	2	9	91	2	—	—	—	5	—	16	—	—	—	—	—	—	—	—	—	—	—	—	1
Wellesley ...	360	—	—	2	9	5	122	41	—	—	—	—	24	—	39	4	—	—	—	—	—	—	—	—	—	—	—	2
Wensum View	851	1	2	1	3	13	70	92	—	—	—	—	33	—	24	5	—	—	—	—	—	—	—	—	—	—	—	—
Willow Lane ...	488	—	1	4	1	1	37	6	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Blyth Secondary	595	—	—	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
City of Norwich	604	—	—	1	1	4	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Technical School	156	—	1	—	—	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Junior Art School	49	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Junior Commercial	118	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Colman Rd. Open Air ...	269	1	—	5	1	2	1	7	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Totals for 1936† ...	17509	73	22	150	128	200	1647	441	10	—	—	—	388	—	466	45	—	—	—	—	—	—	—	—	—	—	21	19
„ „ 1935§	18232	113	36	189	87	115	1	—	—	—	—	—	245	—	58	3	2	4	—	—	—	—	—	—	—	—	9	23
„ „ 1934†	18438	157	38	305	338	422	1301	219	6	—	—	—	291	—	302	45	—	—	1	—	—	—	—	—	—	—	746	—
„ „ 1933	19655	80	40	150	219	276	65	8	2	—	—	—	408	99	145	26	—	—	—	—	—	—	—	—	—	—	236	—
„ „ 1932	19371	142	—	295	155	193	637	145	427	—	—	—	208	63	286	43	1	4	—	—	—	—	—	—	—	—	6	—
„ „ 1931	18865	77	—	174	73	97	6	7	57	27	27	506	108	157	21	4	12	—	—	—	—	—	—	—	—	—	4	—
„ „ 1930	18521	81	—	133	83	117	2098	383	11	2	2	268	57	114	18	—	—	—	—	—	—	—	—	—	—	—	413	—
„ „ 1929	18505	152	—	212	114	139	8	1	1	2	2	261	97	377	64	—	—	—	—	—	—	—	—	—	—	—	397	—
„ „ 1928	18469	84	—	112	156	163	5	1	2	—	—	626	206	21	3	—	—	—	—	—	—	—	—	—	—	—	5	—

*Closed as from 31st March, 1936, and the scholars transferred to other schools.

†In addition there was 1 Haemolytic Streptococci carrier at Avenue Road School, 1 case of Acute Poliomyelitis at Heigham Street School, and 1 case of Typhoid Fever at Avenue Road School.

§In addition there were 2 Haemolytic Streptococci carriers at Dowson School, and 2 cases of Typhoid Fever—1 at Bull Close School and 1 at Dowson School.

‡In addition there was 1 case of Enteric Fever at Avenue Road School.

(9) **Open Air Education.**

(a) *Playground Classes.* In a number of schools, when the weather is very fine, a few lessons are given in the playgrounds.

(b) *Open Air Classrooms in Public Elementary Schools.* No Open Air Classroom has been provided yet. This matter has received the consideration of the Committee and the principle was approved in 1935. A very nice plan was sent up to the Board of Education, but it was not approved.

(c) *School Journeys and Camps.* Excursions are made at suitable seasons for the purpose of giving instruction in nature study. Each year a number of children are sent to the seaside by "Pearson's Fresh Air Fund." Each child is examined for uncleanness by one of the Medical Officers before departing.

(10) **Physical Training.** The School Medical Inspectors give directions only when, for medical reasons, physical training is not desirable, or only some special form.

EXTRACTS FROM THE REPORT OF THE ORGANISER OF
PHYSICAL TRAINING.

Physical education, under the Board of Education Syllabus of 1933, has been further developed during the past year. There is a greater appreciation of the benefits to be derived from physical training and the lessons are thoroughly enjoyed by the scholars.

In some schools there is still a tendency for children to wear far too much clothing during the lesson, but in senior schools and some primary schools children have provided shoes, shorts and vests, whilst the provision by the Authority of shoes for children unable to provide them has been of great assistance. The decision of the Authority to provide, during the coming year, shoes for all primary and senior children and clothing for senior children will do much to help the development and value of physical education.

Although free movement is the keynote of the lessons in the Infant School, it must be accompanied by purposeful action and greater effort demanded on repetition.

It has been noticed that while less formal work is taken in the Primary departments, correct performance and technique is sometimes ignored.

For Senior School work, much more effort, both physically and mentally, should be expected from the children. The desirability of grouping classes into small sets tends to be overlooked. This results in lack of interest and retarded proficiency.

Organisers.

Mr. J. Iceton, the Organiser of Physical Training, left the service of the Authority at the end of the year, and the Authority have decided to enter into an arrangement with the Great Yarmouth Education Authority for sharing the services of the woman Organiser appointed by that Authority, the Great Yarmouth Authority to share the services of the man Organiser to be appointed by the Norwich Authority.

Teachers' Courses.

These were held during the year as under, the teachers paying a fee towards the expenses. The Authority have recently decided that, in future, no fee shall be charged for these courses, and it is hoped this will result in a wider appeal.

Greek Dancing	...	...	...	25	in attendance
Country Dancing	...	...	...	25	„
Sword and Morris Dancing	...	...	...	17	„

Organised Games.

Full use has been made of the playing areas available, and in the case of Eaton Park, an experiment has been tried of sending children from distant schools by conveyance to the Park for a complete session, part of the session being devoted to games and part to nature study, geography, drawing and other subjects. The use as temporary classrooms of two large dressing rooms at Eaton Park was approved by the Board of Education and has served to demonstrate that, at least for a greater portion of the year, much time can be saved by adopting this arrangement.

In planning the proposed new dressing rooms at the Newmarket Road Ground it has been possible to provide accommodation which, on occasion, can be used as a classroom.

Swimming.

Instruction extended over $16\frac{1}{2}$ weeks, in which 4416 children attended the baths, an increase of 521 on last year's total.

Further extension of the scheme to include all children over the age of ten is desirable.

The following tables summarise the results for the past 4 years :—

Year.	No. of Children attending Baths.		No. of Attendances.	Average Weekly Attendance.	No. of Beginners' Certificates Gained.	
	Boys.	Girls.			Boys.	Girls.
1933 ...	905	731	24,084	1505	516	402
1934 ...	1140	1201	29,856	1723	581	528
1935 ...	2167	1728	40,896	2840	539	465
1936 ...	2229	2187	47,907	2903	565	497

134 boys from the Junior Technical School made 1309 attendances. (Not included in above table.)

In addition, 394 children were able to swim between 5 and 15 yards, making a grand total of 1456 taught to swim this year.

R.L.S.S. Awards.	1933.		1934.		1935.		1936.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Elementary ...	68	15	110	11	135	43	68	29
Intermediate ...	35	15	70	10	65	40	69	30
Bronze ...	—	—	24	4	22	10	9	6
	103	30	204	25	222	93	146	65

SCHOOLS' ATHLETIC ASSOCIATION.

The Association has now completed 10 years of active work in the interests of the children of the schools, and 35 departments, Primary and Senior, are members of the Association.

Football, cricket, swimming, general athletics, netball and hockey sections continue to provide facilities for the enjoyment of health-giving exercises after school hours and on Saturday mornings throughout the year.

Not only are the children of different districts of the City brought together, but visits are paid to, and visitors received from, the County and districts further afield. This contact is of undoubted value, apart from the physical aspect.

Football Section.

3 Leagues, in addition to 3 "knock-out" competitions, provided opportunities for a large number of boys to meet in friendly

rivalry during the season. Finely contested games and displays of good sportsmanship were features of these meetings.

The Norwich Boys' team, during the present season, has met with considerable success in the National competition.

Cricket Section.

Teams from the Senior Boys' Schools compete in League games on Saturday mornings, and selected boys, who receive additional coaching, form the Norwich Boys' team and play friendly games.

Swimming Section.

Perhaps in this, more than in any other section, direct results are seen.

The Annual Gala attracted a large and enthusiastic gathering of adults and scholars, and the young competitors displayed both keenness and proficiency.

Certificates, 1st, 2nd and 3rd class, are awarded for proficiency. Last season 1240 were issued, making a grand total of over 7000 awarded by the Association since its formation.

Netball Section.

12 departments, 5 Primary and 7 Senior, took part in League games. To build up teams to represent the City many trial games were played, and a large number of girls found their way to school playgrounds on Saturday mornings.

Teams representing the Elementary Schools of the City played 14 matches during the season, losing 1. Their opponents included Ipswich, Great Yarmouth and North Walsham.

General Athletics Section.

The Annual Sports were held at the Newmarket Road Ground during June and attracted a large crowd of parents and scholars. The Physical Training displays were prominent features of the programme. There is keen competition among the majority of the scholars, to represent their schools.

Selected scholars represented the City in the County Sports held at Great Yarmouth.

Hockey Section.

With 1 exception, all Senior Girls' Schools played hockey during last season. During the present season, efforts will be made to arrange inter-school matches.

(11) **Provision of Meals.** The School Medical Officer visits the Dining Centres, advises on questions of diet, selects certain special cases for meals, and generally advises the Sub-Committee responsible for the physical care of the children.

During the year under review 33,332 meals were provided for 239 children attending Elementary Schools, and 2346 meals for 19 scholars attending the Secondary Schools. In 1935, 29,813 meals were provided for 284 children. Children receiving meals are re-examined approximately every 3 months.

The Education Committee has found it necessary to establish a central kitchen for the provision of this extra number of meals.

The Education Committee continued to supply Grade "A" or Accredited milk to the malnourished children in schools on medical recommendations. This was supplied twice daily, i.e., morning and afternoon, half pint on each occasion. During the year 360,813 of these "Milk Meals" were provided for 1827 children attending Elementary Schools, and 7573 "Milk Meals" were provided for 39 Secondary School children. The children are examined approximately every 3 months.

As a result of this service only a few special cases are now referred to the Public Assistance Department or the Invalid Children's Aid Association.

In a number of the schools children still received milk by arrangements made between the Head Teachers and parents. The Milk Marketing Board's Scheme for the provision of Milk for children in school is still received with enthusiasm, the number of children receiving milk being well maintained.

(12) **Co-operation of Parents, Teachers, Enquiry and Welfare Officers and Voluntary Bodies.**

(a) *Medical and Dental Inspection.* The co-operation of parents, teachers, etc., has been carried on as in previous years.

Children who are sent to the School Dental Clinic by the Medical Officers, Head Teachers, School Nurses, etc., have to obtain the sanction, in writing, of the parents before treatment is carried out.

The following table shows the extent to which parents attended the routine medical inspections at the Elementary Schools :—

Group.	No. of Children examined.	Parents present. 1936.	Percentage of Parents present 1935.
Entrants ...	1767	1679 (95·0%)	95·4%
Intermediate ...	1610	1375 (85·4%)	84·5%
Leavers ...	1829	1364 (74·6%)	63·9%
Other Groups ...	3915	2774 (70·9%)	66·9%

At the Secondary Schools, of the 619 girls examined, parents were present with 424, or 68·5%; with boys 237, or 26·9%. For the year 1935 these numbers were 58·5% and 30·4% respectively.

(b) *Following-up.* There has been no change in the arrangements for following-up.

(c) *Medical and Dental Treatment.* The co-operation of the Head Teachers and the Enquiry and Welfare Officers in sending children to the Clinics, and persuading parents to carry out treatment, etc., still continues.

The Invalid Children's Aid Association and the Inspectors for the Prevention of Cruelty to Children continue to render valuable assistance. Particulars of the cases dealt with by these Voluntary Associations are given on pages 141-143.

There is co-operation between the School Medical Service and the Public Assistance Department and the Unemployment Assistance Board in providing extra nourishment where recommended.

(13) **Blind, Deaf, Defective and Epileptic Children.** These are referred to the School Medical Officer from various sources—The Teaching Staff, the Enquiry and Welfare Department and School Nurses; occasionally they are found at the school medical inspections. With regard to mentally defectives, usually only those children who have been examined and are suspected to be mentally defective by the School Inspector are referred to the School Medical Officer for further examination. Educable feeble-minded children are admitted to the Special School—other mentally defective children are referred to the Mental Treatment Committee. The ascertainment of these mentally deficient children has caused some misgivings in the past, partly because there has been a comparatively low rate of certification in Norwich. However, this matter has received attention for some little time past, and the procedure now going on in the schools of carrying out routine intelligence tests on all the children of

certain age levels, and thereby grouping the children into intellectual "streams," should assist us in this matter, and the Committee are considering the setting up of classes for dull and backward children.

Blind Children are admitted to Certified Schools on attaining the age of 5 years.

1 girl was admitted to the East Anglian School for Blind and Deaf Children during the year. The Oculist was not prepared to certify her as educationally blind, but she was very much a borderline case and it was felt that the best treatment was to send her to Gorleston, and therefore she has been included in Section 1 of the table *re* Blindness on page 180. 1 boy and 2 girls left this school during the year. 1 of the girls was admitted to the Norwich Institution for the Blind for training, and at the end of the year the other girl was awaiting admission. The boy was found to be "*not Blind*" under the Blind Persons Act, 1920, and therefore unsuitable for training.

On 1st January, 1937, 3 boys and 2 girls were on the register at the East Anglian School. 1 boy, who is blind, crippled, hydrocephalic and epileptic, is attending no school; 1 girl, who is blind and crippled, attends a Private School.

Deaf and Dumb Children are admitted to Certified Schools on attaining the age of seven years. During the year 1 girl was admitted to the East Anglian School, Gorleston; 1 girl removed to the County area, and has been taken over by the Norfolk Education Committee; 5 boys and 7 girls were at the East Anglian School on 1st January, 1937. All children who attend at this school are examined by the School Medical Officer before they return to it after holidays.

Epileptics are admitted to Certified Schools on attaining the age of 7 years. At the end of the year 1 girl was at Lingfield Colony.

Mentally Defectives. 33 boys and 20 girls were examined for mental deficiency; 6 boys and 4 girls were recommended for a Special Day School; 7 boys and 2 girls were recommended for a special class for dull or backward children. 4 boys and 3 girls were allowed to continue at ordinary schools and are to be re-examined after a period of 6 or 12 months. 9 boys and 7 girls (8 boys and 3 girls attending the Special Day School) were recommended for notification to the Local Authority under the Mental Deficiency Acts. 3 boys were allowed to continue at the Certified Day Open Air School, and 1 boy was recommended for that

school. 2 boys and 4 girls were excluded from school for varying periods. 1 boy, who is deaf, was recommended to be sent to the East Anglian School for Blind and Deaf Children (parents refused).

Of the 4 girls recommended for the Special School, 1 subsequently was allowed to remain at ordinary school, and the parents of 1 other girl refused to allow her to attend at the Special School; this case was referred to the Board for medical examination, the Board's decision not being received by the end of the year.

The following table shows in Column A the number of children who were examined for the first time for mental deficiency, and in Column B children who had been previously examined *re* mental deficiency and were examined again during the year :—

Recommendation.	Column A.			Column B.		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Special School	5	3	8	1	1	2
Ordinary School and Re-examination 6-12 months	2	1	3	2	2	4
Dull or Backward Class ...	7	2	9	—	—	—
Mental Treatment Committee	—	1	1	9	6	15
To remain at Open Air School	2	—	2	1	—	1
Excluded 3 or 6 months ...	1	3	4	1	1	2
To be admitted to Open Air School	1	—	1	—	—	—
Gorleston School	—	—	—	1	—	1
	—	—	—	—	—	—
TOTALS	18	10	28	15	10	25
	—	—	—	—	—	—

The following table shows the findings in the above cases :—

	Column A.			Column B.		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Feeble-minded	7	4	11	10	5	15
Imbecile	—	1	1	1	2	3
Idiot	—	—	—	—	—	—
	—	—	—	—	—	—
Total of certifiable M.D. cases	7	5	12	11	7	18
	—	—	—	—	—	—

	Column A.			Column B.		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Dull or Backward	6	1	7	2	1	3
Borderline Cases	5	4	9	2	2	4
	—	—	—	—	—	—
Total of other cases	11	5	16	4	3	7
	—	—	—	—	—	—

(a) *Colman Road Open Air School (Special Department)*. During the year 5 boys and 2 girls were admitted to, and 11 boys and 4 girls left this school. Of those leaving, 1 boy commenced work in his parents' General Store; 1 in a Sawmill; 1 is employed at cabinet making; and 1 died. 1 girl entered the shoe trade and 1 girl left the City. 30 boys and 16 girls (including 4 boys and 1 girl recorded under the heading of "Children suffering from multiple defects" on page 180) were on the register on 1st January, 1937. The average attendance was 45.9. The Medical Inspector paid 7 visits to the school.

(b) *Residential Special Schools*. At the end of the year 1 boy was at the Residential Special School, Colchester.

OPEN AIR SCHOOL.

(a) *Mentally Defectives*. These are accommodated at the Open Air School in a Special Department and are referred to above.

(b) *Physically Defectives*. The general arrangements at this school remain the same as reported in previous years, excepting that in December a commencement was made of taking lunch in two relays. This was done to diminish congestion in the dining room, with consequent improved facilities for supervision and for training in good table manners.

The standard of the milk supplied was Grade A or "Accredited." During the year 18 cwts. of malt and cod liver oil and 8 gallons of Parrish's Chemical Food were ordered for the children of this school.

The general arrangements for the admission of children to the Open Air School remains the same; the average attendance for the year was 192.7.

At the beginning of the year there were 107 children attending the school under Dr. Riddel's supervision, and during the 12 months 56 were admitted, including 9 re-admissions.

64 children were discharged, of whom 3 were withdrawn by parents, 29 discharged as fit for ordinary schools, and 19 left on attaining the age of 14 years or over, 1 girl went to the East Anglian School for Blind and Deaf Children, 1 boy and 6 girls left the City, 1 boy died from heart disease, 1 boy and 1 girl were

discharged for non-attendance due to heart disease, 1 girl was discharged for persistent verminous condition, and 1 boy on account of violent behaviour.

The following table shows the number of children under Dr. Riddel's supervision, who were discharged during the year :—

BOYS.

Disease.		Total Discharged.	Cured.	Improved.	No Change.
Malnutrition	...	17	11	6	—
Debility	...	9	7	1	1
Defective Vision	...	2	—	—	2
Asthma	...	3	1	1	1
Miscellaneous	...	3	1	2	—
		—	—	—	—
TOTALS	...	34	20	10	4
		—	—	—	—

GIRLS.

Disease.		Total Discharged.	Cured.	Improved.	No Change.
Malnutrition	...	15	5	9	1
Debility	...	7	5	2	—
Defective Vision	...	3	—	—	3
Infantile Paralysis	...	2	1	1	—
Miscellaneous	...	3	1	2	—
		—	—	—	—
TOTALS	...	30	12	14	4
		—	—	—	—

Children remaining were suffering from the following disabilities :—

Disease.			Boys.	Girls.
Malnutrition	...	...	17	25
Debility	...	...	11	16
Bronchitis	...	...	3	1
Defective Vision	...	...	3	5
Paralysis	...	...	4	3
Heart Disease	...	...	2	1
Scoliosis	...	...	1	—
Miscellaneous	...	...	4	3
			—	—
TOTALS	...	...	45	54
			—	—

Of the boys who were discharged on attaining school leaving age, 3 are employed in the boot and shoe trade; 1 in the printing trade; 1 in the carpentry trade; 1 as a messenger boy; 2 as errand boys; 1 is at a farm training colony; and 1 is unemployed.

Of the girls who were similarly discharged, 2 are employed in a tin shop; 1 each in a clothing, boot, box, and cracker-making factory; 1 is employed at Carrow Works; 1 is in domestic service; and 1 other girl is staying with relatives in Surrey.

The health of 3 of these boys was reported to be "very good," 4 "good," and 1 "satisfactory." 1 boy is under treatment for syphilis and 1 boy was admitted as a voluntary patient to the City Mental Hospital early in 1937.

The health of the 9 girls was reported as "good."

During the year 91 boys and 61 girls came under the supervision of Dr. Boston at this school. 34 boys and 20 girls were admitted. 4 boys and 4 girls left at 14 years of age or over. 20 boys and 11 girls were certified fit to attend ordinary school. 1 boy and 3 girls left at the parents' request. 1 boy and 3 girls left the City. 1 boy was transferred to the Special Department, 1 girl to The Blyth Secondary School, and 1 girl to a Sanatorium.

In Dr. Boston's section the average gain in weight of 39 boys who were in attendance during the whole of the year was $6\frac{1}{4}$ lbs., and in 26 girls, $6\frac{1}{2}$ lbs. 64 boys and 38 girls were attending the school on the 1st January, 1937, under the supervision of Dr. Boston.

The following is a summary of the cases admitted to the school on Dr. Boston's recommendation during the year 1936:—

	Boys.	Girls.
Debility with T.B. History	14	9
„ „ Bronchitis	1	1
„ (Anæmia, Malnutrition, Rickets, etc.)	4	1
T.B. Glands (Neck)	9	6
T.B. Bones and Joints (healed or arrested)	2	1
Hilar and Suspected T.B.	—	1
T.B. Abdomen	2	—
Lupus (arrested)	—	1
Non-Tuberculous Disease of Lungs ...	1	—
Non-Tuberculous Disease of Bones ...	1	—
	—	—
TOTALS	34	20
	—	—

The following cases were discharged during the year :—

	Boys.	Girls.
Debility with T.B. History	6	12
„ „ Bronchitis	4	1
„ (Anæmia, Malnutrition, etc.)	10	3
T.B. Glands (Neck)	1	3
T.B. Bones and Joints (healed)	2	1
Hilar and Suspected T.B.	1	—
T.B. Abdomen	1	3
Non-Tuberculous Disease of Lungs	1	—
Asthma	1	—
	—	—
TOTALS	27	23
	—	—

The following cases remained on the register on 1st January, 1937 :—

	Boys.	Girls.
Debility with T.B. History	23	14
„ „ Recurrent Bronchitis	3	1
„ (Anæmia, Malnutrition, etc.)	7	3
T.B. Glands (Neck)	16	8
T.B. Bones and Joints (healed or arrested)	5	3
Hilar and Suspected T.B.	3	3
T.B. Abdomen	2	1
Lupus (arrested)	—	1
Non-Tuberculous Disease of Lungs	3	2
Non-Tuberculous Disease of the Bones	1	—
Asthma	1	2
	—	—
TOTALS	64	38
	—	—

Of the boys who were discharged on attaining school leaving^a age, 2 are employed in the boot and shoe trade; 1 as an errand boy, and 1 as a shop assistant.

Of the girls who were similarly discharged, 1 is employed as a shop assistant; 1 in the boot and shoe trade; 1 in the millinery trade, and 1 in a chocolate factory.

The health of the above-mentioned children was reported to be “good,” excepting for 1 boy, and his health was reported as “fairly good.”

Orthopædic Defects.

During the year 1 boy received treatment at the Royal National Orthopædic Hospital for scoliosis and osteomyelitis.

For other orthopædic treatment see pages 152-154.

Child Guidance Clinic.

1 boy was boarded-out in London to attend the London Child Guidance Clinic, Islington, where he remained at the end of the year.

Those physically defective children who, in consequence of their disability, have to be taught by the Visiting Teacher, have been examined during the year by a Medical Officer. At the end of the year 14 boys and 8 girls were being taught by this Officer.

(14) **Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.** Suitable cases are referred to the Director of Education or are already under his supervision by attending an appropriate special school until attaining the age of 16 years. The cases are considered by the Higher Education Committee and sent to the most suitable Institution.

1 student was sent to the Norwich Institution for the Blind for training. 3 persons completed their training at the Norwich Institution and were transferred to the workshops at that Institution. At the end of the year 8 students were receiving training at this Institution, 1 in basketwork, 5 brush making, and 2 machine knitting.

At the end of the year there were no epileptics, but there was 1 cripple under the care of the Higher Education Committee.

(15) **Nursery Schools.** The question of the establishment of a Nursery School made some further progress during the year.

(16) **Secondary and Junior Technical Schools.**

Medical Inspection. There are two Secondary Schools—1 each for boys and girls—a Junior Technical School for boys, a Junior Art School and a Junior Commercial School (both for boys and girls). At the end of the year 604 and 595 scholars were attending the boys' and girls' schools respectively; 156 boys were attending the Junior Technical School; 49 boys and girls were attending the Junior Art School; and 118 boys and girls were attending the Junior Commercial School. As far as possible, efforts are made to examine these scholars during the first term after their admission to school and in each subsequent year during the period of their attendance after they attain the age of 12 years. The arrangements for carrying out medical inspection are similar to those which obtain in the Elementary Schools. It is not possible with the existing staff of Dental Officers to conduct

inspection in these schools, but children who, in the opinion of the Medical Officers, need dental treatment can receive it at the Dental Clinic if the parents desire.

Following-up and Medical Treatment. The arrangements for the following-up of defects in children attending Elementary Schools also apply to those attending Secondary Schools. The Authority now provides the same treatment for Secondary School cases as that provided for Elementary School children.

FINDINGS OF MEDICAL INSPECTION.

Defect or Disease.	Routine Inspections.	"Specials" at School or Clinic.	Total Defects.	Referred for Treatment.
Uncleanliness :				
Head	2	1	3	3
Body	—	—	—	—
Minor Injuries, Septic Sores, etc.	3	28	31	31
Tonsils and Adenoids ...	11	3	14	3
Other Diseases of the Nose and Throat	10	17	27	25
Pulmonary Tuberculosis :				
Definite	—	—	—	—
Suspected	—	—	—	—
Non-Pulmonary Tuberculosis	1	—	1	1
Skin Diseases	28	40	68	67
External Eye Diseases ...	12	6	18	18
Vision and Squint	148	57	205	192
Ear Disease and Hearing ...	6	8	14	12
Dental Diseases	303	8	311	311
Crippling Defects, Deformities, etc.	68	8	76	62
Malnutrition	54	7	61	57
Enlarged Cervical Glands (Non-Tuberculous) ...	1	6	7	4
Defective Speech	1	—	1	—
Heart and Circulatory Diseases	30	7	37	28
Bronchitis	1	—	1	1
Other Non-Tuberculous Diseases of the Lungs ...	3	4	7	6
Diseases of the Nervous System	10	7	17	13
Other Defects and Diseases ...	76	48	124	103

MEDICAL TREATMENT.

Defect or Disease	Referred for Treatment during 1936 and Treated	Cured	Referred for Treatment previously to but treated during 1936	Cured	Total Defects Treated	Total Defects Cured
Minor Injuries, Septic Sores, etc. ...	30	29	2	2	32	31
Tonsils and Adenoids ...	2	2	—	—	2	2
Other Diseases of the Nose and Throat ...	23	15	5	1	28	16
Pulmonary Tuberculosis:						
Definite ...	—	—	—	—	—	—
Suspected ...	—	—	—	—	—	—
Non-Pulmonary Tuberculosis ...	1	—	2	—	3	—
Skin Diseases ...	47	35	12	6	59	41
External Eye Diseases ...	9	8	11	4	20	12
Vision and Squint ...	175	110	3	1	178	111
		(Glasses prescribed)		(Glasses prescribed)		(Glasses prescribed)
Ear Disease and Hearing	9	5	8	1	17	6
Dental Diseases ...	160	160	45	45	205	205
Crippling Defects, Deformities, etc. ...	50	1	33	15	83	16
Malnutrition ...	46	1	48	8	94	9
Enlarged Cervical Glands	3	2	2	—	5	2
Bronchitis ...	1	—	3	—	4	—
Other Non-Tuberculous Diseases of the Lungs	4	2	—	—	4	2
Defective Speech ...	—	—	—	—	—	—
Heart and Circulatory Diseases ...	23	2	14	7	37	9
Diseases of the Nervous System ...	11	3	11	1	22	4
Other Defects & Diseases	75	34	28	6	103	40

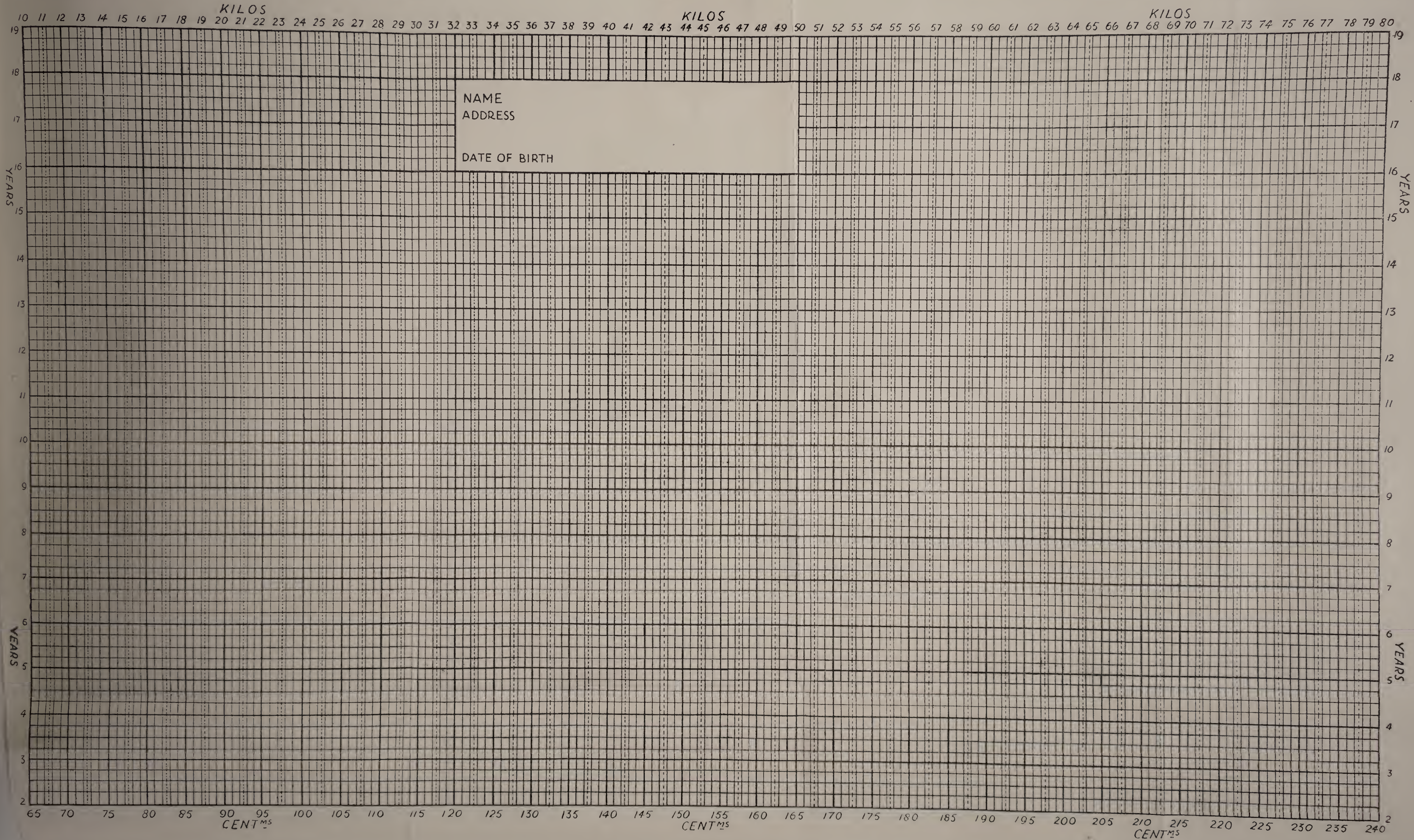
(17) **Parents' Payments.** There has been no change during the year in the arrangements with respect to payment for treatment by parents.

(18) **Health Education.** The Handbook of suggestions on Health Education is used by the teachers in the schools. Leaflets on the care of the teeth, issued by the Dental Board of the United Kingdom, are distributed to children when they leave school. During the year the Committee accepted the offer of the Dental Board to send free of charge a dental exhibit, accompanied by a trained demonstrator, to be shown to the older scholars.

HEIGHT AND WEIGHT CHART.

NORWICH EDUCATION AUTHORITY.

DRAW GRAPH FOR HEIGHT IN BLACK—FOR WEIGHT IN RED INK.



HEIGHT AND WEIGHT CHART.

.....*Full Name.*
.....*(Surname first)*

.....*School.*

.....*(a) Address.*

.....*(b) ,, (1st change)*

.

.....*(c) ,, (2nd ,,)*

.....*(d) ,, (3rd ,,)*

.....*(e) ,, (4th ,,)*

.....*(f) ,, (5th ,,)*

Each child is to be weighed and measured during September, December, March
and June of each year.

(19) **Miscellaneous.** During the last term of the year a systematic measuring and weighing by the Head Teachers of all school children was commenced.

108 children, who were suspected by the teachers to be mal-nourished, were brought forward for examination by the School Medical Officers. Some of these cases were selected as being under weight when being weighed under the new systematic weighing and measuring arrangements. 22 of these children were classified as Nutrition "B," 85 as Nutrition "C," and 1 as Nutrition "D."

ELEMENTARY SCHOOLS.

TABLE 1.—RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

Entrants	...	...	...	1767
Intermediate (2nd age group)	...		...	1610
Leavers (3rd ,, ,, )	...		...	1829

Total ... 5206

Number of other Routine Inspections 3915

Total ... 9121

B.—OTHER INSPECTIONS.

Number of Special Inspections ... 6980

,, ,, Re-inspections ... 28388

Total ... 35368

TABLE 2.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1936.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	Number of Defects.		Number of Defects.	
(1)	Requiring Treatment.	Requiring Observation but not Treatment.	Requiring Treatment.	Requiring Observation but not Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition ...	649	65	252	12
Uncleanliness :				
Head ...	59	—	646	—
Body ...	7	1	4	—
SKIN—				
Ringworm :				
Scalp ...	1	—	2	—
Body ...	1	—	15	—
Scabies ...	7	—	20	—
Impetigo ...	12	—	352	—
Other Diseases (Non-Tuberculous) ...	76	6	610	25
Minor Injuries, Bruises, etc. ...	9	1	608	4
Septic Sores ...	22	—	959	—

TABLE 2—continued.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment.	Requiring Observation but not Treatment.	Requiring Treatment.	Requiring Observation but not Treatment.
(1)	(2)	(3)	(4)	(5)
EYE—				
Blepharitis ...	26	6	108	9
Conjunctivitis ...	5	—	99	2
Keratitis ...	—	—	—	—
Corneal Opacities ...	1	—	1	—
Corneal Ulcer ...	—	—	1	—
Defective Vision ...	321	92	400	11
Squint ...	73	28	116	13
Other Conditions ...	16	2	138	8
EAR—				
Defective Hearing ...	10	6	17	4
Otitis Media ...	24	3	92	8
Other Ear Diseases	15	1	104	13
NOSE AND THROAT—				
Chronic Tonsillitis only ...	29	170	72	123
Adenoids ...	15	22	10	13
Chronic Tonsillitis and Adenoids ...	49	51	55	17
Other Conditions ...	44	20	574	31
Enlarged Cervical Glands (Non-Tuberculous)...	13	54	153	64
Defective Speech ...	8	13	14	8
TEETH—				
Dental Diseases ...	38	3	173	20
HEART & CIRCULATION—				
Heart Disease :				
Organic ...	6	4	1	1
Functional ...	5	27	4	2
Anæmia ...	148	21	192	8
LUNGS—				
Bronchitis ...	68	27	93	9
Other Non-Tuberculous Diseases ...	11	8	90	9

TABLE 2—continued.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment.	Requiring Observation but not Treatment.	Requiring Treatment.	Requiring Observation but not Treatment.
(1)	(2)	(3)	(4)	(5)
TUBERCULOSIS—				
Pulmonary :				
Definite ...	—	—	2	—
Suspected ...	—	—	—	—
Non-Pulmonary :				
Glands ...	2	—	16	—
Spine ...	—	—	—	—
Hip ...	—	—	1	—
Other Bones and Joints ...	—	—	2	—
Skin ...	—	—	—	—
Other Forms ...	—	—	3	—
NERVOUS SYSTEM—				
Epilepsy ...	3	7	8	2
Chorea ...	9	4	14	6
Other Conditions ...	41	34	76	16
DEFORMITIES—				
Rickets ...	50	3	21	6
Spinal Curvature ...	52	19	25	12
Other Forms ...	83	30	83	12
Other Defects and Diseases ...	210	88	1353	220

B.—Classification of the NUTRITION OF CHILDREN inspected during the year in the Routine Age Groups.

Age-groups.	No. of Children Inspected.	A. (Excellent.)		B. (Normal.)		C. (Slightly subnormal.)		D. (Bad.)	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	1767	207	11.7	1321	74.8	237	13.4	2	0.1
Second Age-group	1610	200	12.4	1058	65.7	346	21.5	6	0.4
Third Age-group	1829	227	12.4	1240	67.8	354	19.4	8	0.4
Other Routine Inspections ...	3915	524	13.4	2726	69.6	651	16.6	14	0.4
TOTAL ...	9121	1158	12.7	6345	69.6	1588	17.4	30	0.3

C.—Number of INDIVIDUAL CHILDREN found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases) ... 1850

Group. (1)	Number of Children.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
CODE GROUPS—			
Entrants	1767	438	24.8
Intermediate (2nd age Group)	1610	434	27.0
Leavers (3rd ,, ,,)	1829	327	17.9
TOTAL (CODE GROUPS) ...	5206	1199	23.0
Other Routine Inspections ...	3915	651	16.6

TABLE 3.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

		Boys.	Girls.	Total.
Children with multiple defects.	At the Special Day School for Mentally Defectives ...	4	1	5
	At no School or Institution ...	2*	1	3(2*)
	At Certified School for Blind (Gorleston) ...	1	—	1
	At Private School ...	—	1	1
	At other Certified Schools ...	—	—	—
Blind (including partially blind).	(i.) Children who are so blind that they can only be appropriately taught in a School for blind children.	2	2	4
	At Certified Schools for the Blind	—	—	—
	At Public Elementary Schools ...	—	—	—
	At other Institutions ...	—	—	—
	At no School or Institution ...	—	—	—
	(ii.) Children who have such power of vision that they can only be appropriately taught in a School for the partially blind.	—	—	—
	At Certified Schools for the Blind or partially Blind ...	—	—	—
	At Public Elementary Schools ...	1	2	3
	At other Institutions ...	3	5	8†
	At no School or Institution ...	—	—	—
Deaf (including deaf and dumb and partially deaf).	(i.) Children who are so deaf that they can only be appropriately taught in a School for the deaf.	5	7	12
	At Certified Schools for the Deaf ...	—	—	—
	At Public Elementary Schools ...	—	—	—
	At other Institutions ...	—	—	—
	At no School or Institution ...	—	—	—
	(ii.) Children who can only be appropriately taught in a School for the partially deaf.	—	—	—
	At Certified Schools for the Deaf or Partially Deaf ...	—	—	—
	At Public Elementary Schools ...	4	1	5
	At other Institutions ...	—	—	—
	At no School or Institution ...	—	—	—

TABLE 3—continued.

		Boys.	Girls.	Total.
Feeble-minded.	At Certified Schools for Mentally Defective Children ...	27	15	42
	At Public Elementary Schools ...	—	3	3†
	At other Institutions ...	1	—	1
	At no School or Institution ...	1	1	2
Mentally Defective.	(i.) Children incapable of receiving benefit or further benefit from instruction in a Special School:—			
	(a) Idiots ...	—	—	—
	(b) Imbeciles ...	1	3	4
	(c) Others ...	5	2	7
	(ii.) Children unable to be instructed in a Special School without detriment to the interests of other children:—			
	(a) Moral Defectives ...	—	—	—
	(b) Others ...	—	—	—
	Feeble-minded Children notified on leaving a Special School on or before attaining the age of 16 ...	2	—	2

†Includes 1 child who was permitted to attend an Elementary School on the advice of a Medical Officer of the Board of Education.

TABLE 3—*continued*.

			Boys.	Girls.	Total
Mentally Defective — <i>continued</i> .		Feeble-minded Children notified under Article 3 of the 1928 Regulations, i.e., "Special Cir- cumstances," cases ...	—	—	—
		Children who, in addition to being mentally defective, were blind or deaf ...	—	—	—
Epileptics.	Children suffering from severe epilepsy.	At Certified Special Schools ...	—	1	1
		At Public Elementary Schools ...	2	2	4
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
Physically Defective.	Children suffering from pul- monary tuberculosis (includ- ing pleura and intrathoracic glands).	At Certified Special Schools ...	—	—	—
		At Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—

TABLE 3—continued.

Physically Defective —continued.	Children suffering from non- pulmonary tuberculosis.	At Certified Special Schools At Public Elementary Schools At other Institutions ... At no School or Institution	Boys.	Girls.	Total.
	Delicate Children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	...	26	17	43†
		...	1	1	2
		...	2	1	3
		...	2	2	4*
		...	74	67	141§
	Crippled Children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	...	103	140	243||
		...	—	1	1
		...	—	—	—
		...	·9	6	15†
		...	—	—	—
	At Certified Special Schools At Public Elementary Schools At other Institutions ... At no School or Institution	...	—	—	—
		...	—	—	—
		...	5	2	7*
		...	—	—	—
		...	—	—	—

†Include 23 boys and 13 girls at the Certified Day Open Air School.

§At the Certified Day Open Air School.

||Includes 102 boys and 136 girls suffering from Rheumatic affections.

‡Includes 7 boys and 6 girls at the Certified Day Open Air School.

TABLE 3—continued.

Physically Defective —continued.	Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public Elementary School.			
		At Certified Special Schools At Public Elementary Schools At other Institutions ... At no School or Institution	...	...
		Boys	Girls	Total
		2	1	3§
		—	—	—
		—	1	1†
		5	4	9*

§ At the Certified Day Open Air School.

* Being taught by the Visiting Teacher.

† In the Public Assistance Infirmary.

TABLE 4.—RETURN OF DEFECTS TREATED DURING THE YEAR
ENDED 31ST DECEMBER, 1936.

GROUP 1.—MINOR AILMENTS (excluding Uncleanliness, for
which see Group 6).

Defect or Disease. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
SKIN—			
Ringworm { X-ray Treatment	3	—	3
—Scalp { Other do.	3	—	3
Ringworm—Body ...	13	—	13
Scabies	28	3	31
Impetigo	359	4	363
Other Skin Diseases ...	646	125	771
MINOR EYE DEFECTS ...	383	62	445
(External and other, but excluding cases falling in Group 2).			
MINOR EAR DEFECTS ...	251	89	340
MISCELLANEOUS—			
(e.g., minor injuries, bruises, sores, chilblains, etc.) ...	1558	52	1610
TOTAL ...	3244	335	3579

GROUP 2.—DEFECTIVE VISION AND SQUINT (excluding Minor
Eye Defects treated as Minor Ailments—Group 1).

Defect or Disease. (1)	Number of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Errors of Refraction (includ- ing Squint). (Operations for Squint are recorded separ- ately in the body of the Report)	883	5	888
Other Defect or Disease of the Eyes (excluding those recorded in Group 1) ...	—	—	—
TOTAL ...	883	5	888

Total number of children for whom spectacles were prescribed :—

(a)	Under the Authority's Scheme	...	482
(b)	Otherwise	... ..	3

Total number of children who obtained spectacles :—

(a)	Under the Authority's Scheme	...	449
(b)	Otherwise	... ..	3

GROUP 3.—TREATMENT OF DEFECTS OF NOSE AND THROAT.
NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital apart from the Authority's Scheme.				Total					
(1)				(2)				(3)					
(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)		
26	2	162	—	9	1	11	2	35	3	173	2	646	859

(i.) Tonsils only ; (ii.) Adenoids only ; (iii.) Tonsils and Adenoids ;
(iv.) Other Defects of the Nose and Throat.

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS.

No. of children treated...	Under Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non- Residential at treatment at an Orthopædic Clinic.	Residential treatment with education.	Residential treatment without education.	Non- Residential at treatment at an Orthopædic Clinic.	
	(i.)	(ii.)	(iii.)	(i.)	(ii.)	(iii.)	
	3	8	165	—	9	92†	269

† Having Out-Patient treatment of various kinds at local Hospitals.

GROUP 5.—DENTAL DEFECTS.

(1) Number of children who were:—

(a) Inspected by the Dentists:—					
	Aged	5 years	...	1698	
	„	6 „	...	1719	
	„	7 „	...	1779	
	„	8 „	...	1876	
	„	9 „	...	2014	
Routine Age	„	10 „	...	2017	} Total ... 17209
Groups	„	11 „	...	2025	
	„	12 „	...	1877	
	„	13 „	...	1918	
	„	14 „	...	267	
	„	15 „	...	19	
Specials	...	...	...	...	... 1683
GRAND TOTAL					... 18892

(b) Found to require treatment ... 13878

(c) Actually treated ... 7187

(d) Re-treated during the year as the result of periodical examination [included in (c)] ... 4349

(2) Half-days devoted to {Inspection 138} Total 1419
 {Treatment 1281}

(3) Attendances made by children for treatment ... 11964

(4) Fillings ... {Permanent Teeth 6539} Total 6541
 {Temporary Teeth 2}

(5) Extractions ... {Permanent Teeth 2087} Total 10897
 {Temporary Teeth 8810}

(6) Administration of general anæsthetics for extractions 4721

(7) Other Operations {Permanent Teeth 2458} Total 2458
 {Temporary Teeth —}

GROUP 6.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1) Average number of visits per school (department)
 made during the year by the School Nurses ... 3.0

(2) Total number of examinations of children made in
 the Schools by School Nurses ... 40411

(3) Number of individual children found unclean ... 530

- (4) Number of children cleansed under arrangements made by the Local Education Authority :—
- | | | | | | | |
|-----|--------------|-----|-----|-----|-----|-----|
| (a) | Voluntarily | ... | ... | ... | ... | 120 |
| (b) | Compulsorily | ... | ... | ... | ... | 252 |
- (5) Number of cases in which legal proceedings were taken :—
- | | | | | |
|-----|--|-----|-----|-----|
| (a) | Under the Education Act, 1921 | ... | ... | Nil |
| (b) | Under School Attendance Byelaws | ... | ... | 2 |
| (c) | Under the Norwich Corporation Act, 1933... | ... | ... | 37 |

SECONDARY SCHOOLS.

TABLE 1.—NUMBER OF CHILDREN INSPECTED DURING THE YEAR ENDED 31ST DECEMBER, 1936.

A.—ROUTINE MEDICAL INSPECTION.

Age	10	11	12	13	14	15	16	17	18	19	20	Grand Total
Boys	1	65	117	186	236	202	61	7	2	4	1	882
Girls	1	78	84	92	125	119	85	19	15	1	—	619
Totals	2	143	201	278	361	321	146	26	17	5	1	1501

B.—OTHER INSPECTIONS.

	Number of Special Inspections.	Number of Re-inspections.
Boys ...	82	790
Girls ...	152	625
TOTALS ...	234	1415

TABLE 2.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31ST DECEMBER, 1936.

Defect or Disease. (1)	Routine Inspections. Number of Defects.		Special Inspections. Number of Defects.	
	Requiring Treatment	Requiring Observation but not Treatment.	Requiring Treatment.	Requiring Observation but not Treatment.
	(2)	(3)	(4)	(5)
Malnutrition ...	50	4	7	—
Uncleanliness :				
Head ...	2	—	1	—
Body ...	—	—	—	—
SKIN—				
Ringworm :				
Scalp ...	—	—	—	—
Body ...	—	—	—	—
Scabies ...	—	—	—	—
Impetigo ...	—	—	8	—
Other Diseases (Non- Tuberculous) ...	27	1	32	—
Minor Injuries, Bruises, etc. ...	2	—	13	—
Septic Sores ...	1	—	15	—
EYE—				
Blepharitis ...	3	—	—	—
Conjunctivitis ...	2	—	3	—
Keratitis ...	—	—	—	—
Corneal Opacities ...	4	—	—	—
Corneal Ulcer ...	—	—	—	—
Defective Vision ...	122	11	55	—
Squint ...	14	1	1	1
Other Conditions ...	3	—	3	—
EAR—				
Defective Hearing ...	3	—	3	—
Otitis Media ...	2	1	2	1
Other Ear Diseases	—	—	2	—
NOSE AND THROAT—				
Chronic Tonsillitis only ...	2	8	1	2
Adenoids ...	—	—	—	—
Chronic Tonsillitis and Adenoids ...	—	1	—	—
Other Conditions ...	9	1	16	1

TABLE 2—continued.

Defect or Disease. (1)	Routine Inspections. Number of Defects.		Special Inspections. Number of Defects.	
	Requiring Treatment. (2)	Requiring Observation but not Treatment. (3)	Requiring Treatment. (4)	Requiring Observation but not Treatment. (5)
Enlarged Cervical Glands (Non-Tuber- culous) ...	1	—	3	3
Defective Speech ...	—	1	—	—
TEETH—				
Dental Diseases ...	303	—	8	—
HEART & CIRCULATION—				
Heart Disease :				
Organic ...	2	—	—	—
Functional ...	1	6	—	—
Anæmia ...	18	3	7	—
LUNGS—				
Bronchitis ...	1	—	—	—
Other Non-Tuber- culous Diseases ...	2	1	4	—
TUBERCULOSIS—				
Pulmonary :				
Definite ...	—	—	—	—
Suspected ...	—	—	—	—
Non-Pulmonary :				
Glands ...	1	—	—	—
Spine ...	—	—	—	—
Hip ...	—	—	—	—
Other Bones and Joints ...	—	—	—	—
Skin ...	—	—	—	—
Other Forms ...	—	—	—	—
NERVOUS SYSTEM—				
Epilepsy ...	—	2	—	—
Chorea ...	3	1	2	—
Other Conditions ...	4	—	4	1
DEFORMITIES—				
Rickets ...	4	—	—	1
Spinal Curvature ...	22	4	1	1
Other Forms ...	30	8	5	—
Other Defects and Diseases ...	60	16	43	5

B.—Classification of the NUTRITION OF CHILDREN Inspected during the Year.

	No. of Children Inspected.	A. (Excellent.)		B. (Normal.)		C. (Slightly subnormal.)		D. (Bad.)	
		No.	%	No.	%	No.	%	No.	%
Boys ...	882	129	14.6	593	67.3	157	17.8	3	0.3
Girls ...	619	51	8.2	508	82.1	60	9.7	—	0.0
TOTAL ...	1501	180	12.0	1101	73.3	217	14.5	3	0.2

C.—Number of INDIVIDUAL CHILDREN found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases) ... 339

D.—Number of INDIVIDUAL CHILDREN in "C" who received Treatment (excluding Specials, Uncleanliness and Dental Diseases) ... 277

TABLE 4.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1936.

GROUP 1.—MINOR AILMENTS (excluding Uncleanliness, for which see Group 6).

Defect or Disease. (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
SKIN—			
Ringworm—Scalp ...	—	—	—
„ Body ...	—	—	—
Scabies ...	—	—	—
Impetigo ...	8	—	8
Other Skin Diseases ...	39	12	51
MINOR EYE DEFECTS (External and other, but excluding cases falling in Group 2) ...	17	3	20
MINOR EAR DEFECTS ...	8	7	15
MISCELLANEOUS— (e.g., minor injuries, bruises, sores, chilblains, etc.) ...	30	2	32
TOTAL ...	102	24	126

GROUP 2.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group 1).

Defect or Disease.	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total
(1)	(2)	(3)	(4)
Errors of Refraction (including Squint). (Operations for Squint are recorded separately in the body of the Report)	177	1	178
Other Defect or Disease of the eyes (excluding those recorded in Group 1)	—	—	—
TOTAL ...	177	1	178

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	... 110
(b) Otherwise	1

Total number of children who obtained spectacles :—

(a) Under the Authority's Scheme	... 92
(b) Otherwise	1

GROUP 3.—TREATMENT OF DEFECTS OF NOSE AND THROAT.
NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)				(4)	(5)
(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)	28	30
—	—	1	—	1	—	—	—	1	—	1	—		

(i.) Tonsils only ; (ii.) Adenoids only ; (iii.) Tonsils and Adenoids ;
(iv.) Other defects of the Nose and Throat.

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Under Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i.)	Residential treatment without education. (ii.)	Non- Residential treatment at an Orthopædic Clinic. (iii.)	Residential treatment with education. (i.)	Residential treatment without education. (ii.)	Non- Residential treatment at an Orthopædic Clinic. (iii.)	
No. of children treated...	—	—	64*	—	—	5†	69

*Including 56 cases having exercises in school.

†Having Out-Patient treatment of various kinds at local Hospitals.

GROUP 5.—DENTAL DEFECTS.

(1) Number of children who were :—

(a) Inspected by the Dentists :—

Routine Age Groups	...	...	—
Specials	...	...	245
GRAND TOTAL			245

(b) Found to require treatment ... 197

(c) Actually treated ... 197

(2) Half-days devoted to { Inspection. Nil.
Treatment. None especially.
Secondary Scholars
are treated with
Elementary Scholars.

(3) Attendances made by children for treatment ... 878

(4) Fillings ... { Permanent Teeth 608 } Total 608
{ Temporary Teeth — }

(5) Extractions ... { Permanent Teeth 248 } Total 303
{ Temporary Teeth 55 }

(6) Administrations of general anæsthetics for extractions 109

(7) Other Operations { Permanent Teeth 159 } Total 160
{ Temporary Teeth 1 }

GROUP 6.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1)	Total number of visits to School (girls) made during the year by the School Nurses	6
(2)	Total number of examinations of children made in the Schools by School Nurses	1782
(3)	Number of individual children found unclean ...	2
(4)	Number of children cleansed under arrangements made by the Local Education Authority ...	Nil
(5)	Number of cases in which legal proceedings were taken :—	
	(a) Under the Education Act, 1921	Nil
	(b) Under School Attendance Byelaws ...	Nil

GROUP 7.—TREATMENT OF ALL OTHER DEFECTS.

Defect or Disease. (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Malnutrition	52	42	94
Defective Hearing	2	—	2
Enlarged Cervical Glands (Non-Tuberculous)	3	2	5
Defective Speech	—	—	—
Heart and Circulation	8	29	37
Bronchitis	1	3	4
Other Non-Tuberculous Dis- eases of Lungs	—	4	4
Pulmonary Tuberculosis—			
Definite	—	—	—
Suspected	—	—	—
Non-Pulmonary Tuberculosis	—	3	3
Nervous System	3	19	22
Other Defects and Diseases ...	24	79	103
TOTAL ...	93	181	274

SUMMARY OF TREATMENT OF DEFECTS AS SHOWN IN TABLE 4.
(Groups 1, 2, 3, 4, 5, and 7.)

Defect or Disease. (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Minor Ailments	102	24	126
Visual Defects	177	1	178
Defects of Nose and Throat ...	14	16	30
Deformities	72	11	83
Dental Defects	197	8	205
Other Defects	93	181	274
TOTAL ...	655	241	896

